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ABSTRACT

The medical school admission process is a major determinant of various attributes and characteristics of the American physician manpower pool. This analysis investigated the criteria of national and institutional consequence in selecting students for medical school, the changes in the relative importance of these criteria from 1973 to 1976, the relationship of elements of the admission process to the admission of students with characteristics presently of societal interest, and factors distinguishing accepters who matriculated in medical school from those who did not. (Author/MSE)

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AN ANALYSIS OF THE ADMISSIONS PROCESS TO U.S. MEDICAL SCHOOLS, 1973 AND 1976

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FINAL REPORT

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AN ANALYSIS OF THE ADMISSION PROCESS TO U.S. MEDICAL SCHOOLS, 1973 AND 1976

Janet Melei Cuca

Division of Student Studies

Association of American Medical Colleges

June 1978

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List of Acronyms

AAMC	Association of American Medical Colleges
AMCAS	American Medical College Application Service
COTRANS	Coordinated Transfer Application System
GPA	Grade Point Average
MCAT	Medical College Admission Test
Med-MAR	Medical Minority Applicant Registry
MSAR	*Medical School Admission Requirements*
MSIS	Medical Student Information System

EXECUTIVE SUMMARY

As the principal gateway to the medical profession in the U.S., the medical school admission process is a major determinant of various attributes and characteristics of the American physician manpower pool. This study, *An Analysis of the Admission Process to U.S. Medical Schools, 1973 and 1976,* investigated: the criteria of national and institutional consequence in selecting students for medical school, the changes in the relative importance of those criteria from 1973 to 1976, the relationship of elements of the admission process to the admission of students with characteristics presently of societal interest, and factors distinguishing acceptees who matriculated in medical school from those who did not.

The analyses conducted to address these several issues included (1) a content analysis of published statements of the medical schools relative to selection criteria; (2) statistical comparisons of the national characteristics of acceptees and rejectees in 1973 and 1976; (3) regression analyses of the "acceptability" and number of acceptances received by applicants and acceptees to the 1976 entering class; (4) an institutional-level analysis of the differences in the characteristics of applicants and acceptees in 1973 and 1976; (5) a case-study of admissions at 8 selected schools; and (6) statistical comparisons of the characteristics of nonmatriculant and matriculant acceptees to the 1976–77 entering class.

Data for the content analysis (item 1 above) were derived from individual school entries in the 1976–77 edition of *Medical School Admission Requirements.* For the national and institutional statistical analyses of applicants, acceptees, rejectees, matriculants, and nonmatriculants (items 2, 3, 4 and 6 above) data were obtained from the AAMC's Medical Student Information System. A specially-constructed questionnaire collected the data for the case-study analysis (item 5 above).

Results of the content analysis showed (1) a high degree of sensitivity that neither sex, race nor religion should be the basis for discrimination; (2) the "encouragement" of applications from applicants with certain demographic characteristics; (3) a relative inattention to the intended careers and practice locations of applicants as criteria for admission; and (4) a high degree of concern with state-residency.

The picture which seemed to emerge from the obtained acceptee-rejectee differences and 1973–1976 changes was that, in response to more entering positions being available in medical schools in 1976 and the necessity of choosing more students to fill those positions from an applicant pool with improved academic credentials, continued emphasis was placed on academic credentials (GPA and MCAT scores) and on factors related to them (age, educational level, socioeconomic background, etc.). The result was that applicants with career and location plans which might correct present imbalances in the physician manpower pool, but plans which are also negatively related to desired academic credentials, continued to be screened out, though not at the levels of 1973.

Regression analyses based on two indices reflecting medical school evaluation of applicants, i.e., applicant "acceptability" and number of acceptances received, showed that only one-fourth to one-third of the variance in the two indices was explained by a total of 27 variables concerned with academic qualifications, demographic characteristics, career plans, and admissions-process pragmatics. Information regarding "personality characteristics," motivation for a medical career, etc., the "soft data" not collected on a uniform national basis, is among the information not included in these analyses.

The variables which together accounted for most of the explained variance were undergraduate college selectivity, GPA, and MCAT scores. These results demonstrate that academic aptitude and achievement are the necessary, though not sufficient, conditions for admission to and success in medical school. Together with the above-mentioned academic variables, other variables concerned with repeat-applicant status, underrepresented minority racial/ethnic identity, age, and ratio of instate applicants to openings added in a minor way to the explanation of acceptability and number of acceptances. Career-type, location and specialization plans, socioeconomic background, and all remaining variables added essentially nothing in the way of explanation, confirming informal intelligence that admissions personnel perceive student plans expressed at application to

medical school as uninformed, therefore, unstable and unworthy of much consideration. Furthermore, since the data on student plans in all of the analyses in this study had been collected solely for research purposes and were not available to the schools, to use them to ascribe implicit or explicit policies on these matters to the schools would be to do so on extremely tenuous grounds.

Analysis at the institutional-level also demonstrated the disappearance in 1976 of trends which were evident in 1973 to overselect (or give preference to) women applicants and black applicants. The overselection of applicants from low-income and rural/small town backgrounds and of applicants planning to locate in rural areas was less than that for women and blacks and also disappeared by 1976. The characteristics showing the greatest differences between applicants and acceptees concerned the related issues of career-type plans and specialty plans. The majority of schools underselected (a) those applicants who planned to devote their careers to general practice activities (as opposed to research, teaching, etc.) and (b) those applicants who planned to specialize in general practice medicine (as opposed to internal medicine, surgery, etc.). At a few schools the percentage of applicants planning a general practice type of career was more than 20 points greater than that of acceptees with such plans. With regard to applicants who planned to specialize in primary care specialties other than that of general practice, approximately equal numbers of schools overselected and underselected them in 1973; however, in 1976, more schools underselected than overselected these applicants.

The case-study analysis also indicated a relative lack of attention to the career and specialty plans of applicants in comparison to that paid to other applicant characteristics. Admission policies, committee characteristics, and procedures directed towards increasing the probability of acceptance of women and minority-group applicants seemed successful, while the decreased probability of acceptance of applicants with plans for general/family and/or rural practice seemed due to the lack of special attention to such applicants in policies and procedures.

Only 3 percent of the applicants accepted to the 1976–77 entering class did not matriculate and, in comparison to matriculants, included higher percentages of acceptees from lower socioeconomic backgrounds, of women, and of students who at application were interested in research/teaching careers. It is hypothesized that:

- Career indecision may be the crucial factor in nonmatriculation — women being unsure of the appropriateness of the physician role for themselves and research-oriented students deciding for careers wholly devoted to research/teaching by enrolling for graduate study in the disciplines of their interest;
- The economically-poorer background of nonmatriculants may have been the precipitating factor in their nonmatriculation — given their uncertainty regarding a career in medicine and the rising cost of medical education.

I. INTRODUCTION

A. The Admission Process and Physician Manpower Characteristics

The process by which students are selected for admission to U.S. medical schools is the major gateway to the medical profession in the United States today. With increasing restrictions on the immigration of foreign-national physicians, heretofore a sizeable addition to medical manpower in the U.S., entrance and graduation from a U.S. medical school will become virtually the only gateway to U.S. medicine. Thus, the admission process is a major determinant of various attributes of the physician manpower pool. Organizations and individuals monitoring medical manpower characteristics are, therefore, rightly concerned with the impact of the medical school admission process on physician characteristics.

Students are admitted both on the basis of attributes which do not change (e.g., sex and race) and on the basis of attributes which may change (e.g. career, specialty, and geographic location plans). Where the process selectively admits students on the basis of attributes which do not change, even attrition from medical studies, though it may be selective according to these same attributes, will do little to alter the collective images of the annual pools of new physicians from the images of the essentially identical pool of persons admitted to medical school 3 to 5 years earlier. Logically, therefore, there is little quarrel with the pragmatic appropriateness of using the admission process to modify the characteristics of the medical manpower pool and to increase the participation in medicine of groups of persons who previously have been underrepresented. (However, whether there is any quarrel with the legal appropriateness of doing so is presently under consideration by the U.S. Supreme Court in the case of Allan Bakke vs The Regents of the University of California (1)).

Use of the admission process to influence characteristics of the physician pool which can change from the time a student applies to medical school until he or she enters practice (and even after) is obviously subject to more uncertain results than is use of admission to influence immutable demographic characteristics. Nevertheless, selection for medical school based on changeable preferences or propensities is also capable of influencing in desired directions the characteristics of the new cohorts of physicians produced annually. This capability is grounded in the demonstration that career preferences at admission are not unrelated to later career decisions (2) and that later career choices are not unrelated to background and personal characteristics which are present at admission and which do not change (3).

1. Purposes of Present Study

The question then becomes one of whether the medical school admissions process is perceived and used (whether implicitly or explicitly) as a mechanism for influencing the characteristics of the physician pool. Characteristics presently of special societal interest are those of sex, racial/ethnic identity, income-level, and medical specialization and practice location intentions/probabilities. The primary purpose of the present study is to determine what criteria have been used to evaluate candidates for admission to medical school, including whether the five aforementioned characteristics of special interest are among those criteria, and what the relative importance of the various criteria are.

A second purpose is to identify the criteria which have assumed greater (or lesser) importance in recent years as a means of discovering whether the priorities of the medical schools have changed. The identification and description of admission process features which are uniquely and/or especially tailored to increase the selection of particular groups of students, i.e. women, underrepresented minorities, low income, and those apt to become primary care practitioners and/or locate in underserved areas, is a third purpose of the study. Discovery and examination of differences in the characteristics of students who were accepted to medical school but did not matriculate as compared to those who did matriculate was the final purpose of the study.

2. Previous Studies

A review of the literature carried out as a preliminary to the present study (4) discovered little documented evidence of explicit goals of the medical schools for their admission processes regarding the modification of geographic and specialty distributions of physician manpower or the increased representation of women, minorities, and persons from low-income backgrounds. The review noted, however, that while goals may not be specified nor objectives formally stated, they are actualized in the selection criteria which constitute the essence of the admission process and in the relative importance given to the various criteria.

A small number of studies have examined this essence, i.e., "implicit weighting" of selection criteria, at individual schools (5); one study has done so for a total of 10 schools (6), and another has been carried out on a national basis, i.e., for all medical schools (7). While the latter study is national in focus, it is mainly concerned with the effect of state of residence on medical school admission. Nevertheless, it examines other admission criteria as well and the weights given to those criteria. However, it is based on the dichotomy of acceptance or rejection and on the assumption that the medical school admissions 'market' works so that "students have enough information to apply to a range of medical schools, with the result that most students who could qualify for admission to some medical school (no matter how unselective) will have applied to such a school. That is, all other things being equal, a student's probability of being admitted to at least one school is not affected (very much) by the list of schools he happened to apply to — students apply to 'backup choices.' [The authors] hope to investigate this assumption further in future work (8)."

One of the analyses to be included in the present study represents an advance over the latter study on both bases since it (1) takes into account the number of schools by which the applicant was accepted, rather than simply whether he/she was accepted by any medical school and (2) also includes three new elements which concern the workings of the medical school admission "market". These three elements are (a) the number of schools to which the applicant applied, (b) the "selectivity" of the schools to which the applicant applied, and (c) the "selectivity" of the schools by which the applicant was accepted. Although all three of these elements are critically related to the acceptance of an applicant, they have, to the best of our knowledge, never been examined concurrently on a national basis prior to the present study.

B. Problems in Ascertaining National Admission Criteria

1. The Admission Process Is Not a National Monolith

One of the pitfalls in attempting to determine the criteria and their weighting implicit in the admission of national classes of students to medical school is that such an approach assumes a single, monolithic admission process. In addition to the evidence of the study of 10 medical schools cited above, several other considerations demonstrate that this is patently not the case. First, the programs to which students are being admitted differ in terms of degrees awarded and, consequently, in curricula and emphasis. In 1976–77, in addition to regular M.D. programs, 13 of the 116 medical schools had programs which combined study for the M.D. with study for the baccalaureate (9). Fifty-two had combined M.D./M.A. programs, 5 had combined M.D./J.D. programs and 87 had combined M.D./Ph.D. programs. Among the schools with M.D./Ph.D. programs, 22 schools admitted students to their N.I.H.-funded Medical Scientist Programs. Moreover, in 1973 there were 6 basic science schools, while in 1976 there were 2 such schools. It is not known how the criteria and weightings used to select students for these programs differ within schools, let alone between schools.

A second fact contradictory of a single monolithic admission process is that not everyone seeks admission to the first year of medical school. In 1976–77, 11 medical schools had programs to admit applicants with a Ph.D. to advanced standing, and 46 schools admitted 458 U.S.-citizen transfers from foreign medical schools to the second, third and fourth years of medical school via COTRANS (10). There are also students from other health professional schools (e.g., dental schools) and from graduate schools who seek advanced medical school standing. Though their numbers are not great, once accepted they, too, become part of the future physician manpower pool, the characteristics of which are becoming, increasingly, topics of concern.

Most telling of all in the argument against medical school admission as a monolithic process, is, of course, the diversity of educational philosophies and goals of the medical schools. Appendix A presents explicit statements of such goals culled from school entries in the 1978–79 edition of *Medical School Admission Requirements* (MSAR). Furthermore, the existence of implicit differences in activities and esteemed values among the medical schools has been shown by various researchers (11). To treat admission as a national, monolithic phenomenon obscures these school differences and can give a misleading picture.

2. Lack of National Data on Applicants' "Personality Characteristics"

In addition to the institutional diversity of the admission process, there is a second major pitfall in attempting to determine the factors and weights which implicitly make up the heart of the national admission process. That pitfall is the lack of nationally-collected data on the so-called "personality characteristics" of applicants. The literature of the past two decades (12) attests to (a) continuing concern with the non-academic qualities of a good physician and (b) continuing inability to quantify those qualities satisfactorily.

Through the creation of the American Medical College Application Service (AMCAS), the AAMC has institutionalized the collection of quantitative, nationally-standardized indicators of academic or cognitive qualities and also of certain non-cognitive demographic attributes (13). This leaves the individual schools to deal with, as they may, the difficult-to-evaluate "soft" data on personality characteristics, motivation for a medical career, empathy, etc., which are generally derived from the interview, letters of recommendation, and/or the application essay. That such data are not uniformly available for quantitative analysis should not, without empirical proof, lead to the conclusion that they are unimportant or, even, less important than cognitive and demographic considerations in the admission of students to medical school.

3. Why, Then, A National Study of Admission?

In view of the two major problems for conducting a national analysis of medical school admission, namely, the diversity of the admission process and the lack of national data on applicants' "personality characteristics," are there any reasons to indicate that a national study is merited? Yes, there are several. First, while differences in the admission process do exist both among schools and among types of programs within schools, the AMCAS and Medical College Admission Test (MCAT) data contained in the AAMC's Medical Student Information System (MSIS) provide national references to certain criteria for evaluating all applicants, criteria which the majority of the schools do use in selection, as can be seen from their individual *MSAR* entries.

Secondly, for the purposes of policy-planning at the national level, it is appropriate to take the "macro" view, i.e., to view the physician manpower pool as a *national* human resource. This resource is the product of the nation's medical schools or the output which results from their processing (training) of an input (the students selected for admission). In this context of national "outputs," then, it is consistent to consider inputs at a national level.

Thirdly, as a complement to the national analysis, the present study includes an institutional-level analysis which, because it is based on all schools rather than on a sample of schools, can be viewed as a national examination of institutional objectives and achievements. Because the institutional analysis compares the characteristics of each school's acceptees to its own applicants, it documents the inter-institutional differences in applicant pools and allows for those differences in examining the results of their admission processes.

NOTES

1. The Court is scheduled to rule on the case by the end of the 1978 spring semester.
2. J. M. Cuca, *Career Choices of the 1976 Graduates of U.S. Medical Schools* (Washington, D.C.: Association of American Medical Colleges, 1977).
3. J. B. Erdmann, R. F. Jones, X. Tonesk, and M. E. Dudley, *AAMC Longitudinal Study of Medical School Graduates of 1960* (Washington, D.C.: Association of American Medical Colleges, 1978).
4. J. M. Cuca, L. A. Sakakeeny, and D. G. Johnson, *The Medical School Admissions Process: A Review of the Literature, 1955-1976*

(Washington, D.C.: Association of American Medical Colleges 1976).

5. G. M. Carter et al., *Federal Manpower Legislation and the Academic Health Centers: An Interim Report* (Santa Monica: The Rand Corp., 1974); E. V. Calkins et al., "Impact on Admission to a School of Medicine of an Innovation in Selection Procedures," *Psychological Reports* 35(1974): 1135–1142; A. S. Elstein and H. S. Teitelbaum, "A Systematic Evaluation of an Admissions Process" (Paper presented at the Thirteenth Annual Conference on Research in Medical Education, Chicago, November 1974); and J. H. Dresden, F. Collins and R. Roessler, "Cognitive and Non-Cognitive Characteristics of Minority Medical School Applicants," *J. Nat'l. Med. Assoc.* 67(1975): 321–323.
6. A. P. Williams, Jr., W. D. Cooper, and C. Lee, *Factors Affecting Medical School Admission Decisions for Minority and Non-Minority Applicants: A Comparative Study of Ten Schools* (Santa Monica: The Rand Corporation, 1978).
7. J. E. Rolph, A. P. Williams, Jr., and C. L. Lee, *The Effect of State of Residence on Medical School Admissions* (Santa Monica: The Rand Corp., 1978).
8. Ibid., p. 9.
9. Association of American Medical Colleges, *1977–78 AAMC Curriculum Directory* (Washington, D.C.: Association of American Medical Colleges, 1977).
10. W. F. Dube, "COTRANS: An Update (Datagram)," *J. Med. Educ.* 52(1977): 359–361.
11. R. Nunn, and L. Lain, *Classification of Medical Education Institutions* (Washington, D.C.: Association of American Medical Colleges, 1975); G. D. Otis, J. R. Graham, and L. Thacher, "Typological Analysis of U.S. Medical Schools," *J. Med. Educ.* 50(1975): 328–338; J. M. Richards, L. M. Rand, and L. P. Rand, "A Description of Medical College Environments," *Am. Educ. Res. J.* 5(1968): 647–658; S. A. Rodgers, and C. F. Elton, "An Analysis of the Environment of Medical Schools," *Research in Higher Education* 2(1974): 239–249; and C. R. Sherman, *Study of Medical Education: Interrelationships Between Faculty, Curriculum, Student and Institutional Variables* (Washington, D.C.: Association of American Medical Colleges, 1975).
12. See note 4 above.
13. For those unfamiliar with AMCAS (or COTRANS), it should be noted that both programs simply facilitate the admission process for the medical schools by processing paperwork and do not in any way influence the admission decision which rests solely with the medical schools.

II. METHODOLOGY

A. Data Sources

Data for this study were obtained from three sources. The 1976–77 edition of *MSAR* provided information for a content analysis of medical school statements regarding selection criteria. The national and institutional-level analyses of characteristics of applicants (both accepted and rejected) utilized data from MSIS, the sole national data base on medical school applicants and students. Because it brings together information from the AMCAS and MCAT programs and also from the medical schools (including those which do not participate in AMCAS), MSIS contains data on each applicant, each MCAT examinee and each medical student. An individual might have all three or two or only one of these identities and, depending upon his/her identities, would have an MSIS record which includes some or all of the following general categories of data: demographic characteristics, biographical information, premedical educational achievement, career plans, MCAT scores, application actions (number and identities of schools accepted and rejected by) and, for matriculants, medical school progress.

It should be noted that, except for application actions and career plans, the above MSIS data would routinely be available to each of the medical schools to which a student applied. The number and identities of schools by which a student was accepted or rejected is not made known to other schools except for occasional confidential AAMC reports of "accepted applicants" which are aimed at reducing the number of students holding places in more than one medical school. The career plans data, which are obtained via the MCAT questionnaire, are not reported to the schools, although many schools gather comparable information via the personal statement section of their applications and/or via the interview.

Finally, a questionnaire constructed for the purpose collected detailed information on the process used to admit students to the 1976–77 entering classes of 8 schools. The information thus collected served as the basis for a case-study analysis.

Applicants to the entering classes of 1973–74 and of 1976–77 constitute the two national cohorts whose selection was examined in this study. Descriptive studies of the 1973–74 cohort (1) and of the 1976–77 cohort (2) have been published elsewhere.

The variables appearing in Appendix B are those which were selected for examination on the basis of (a) the findings of other researchers that they are important in the admission process; (b) intuitive expectations of their importance, where no pertinent research had been done; (c) acknowledgement of their direct relationship to the physician characteristics which are presently of societal interest; and (d) the availability of relevant data. The manner in which each variable was scaled for the different analyses is also reported in Appendix B.

B. Analyses

The several issues to which this study is addressed necessitated several different analyses as explained in the following sections.

1. Content Analysis of Published Statements of Medical Schools

To address the issue of whether the medical schools perceive and have attempted to use the admission process as a mechanism for changing characteristics of the physician manpower pool, an analysis of their published statements regarding selection criteria was carried out. The single publication most relevant to the admission process and selection criteria is the AAMC's annual *Medical School Admission Requirements*. In addition to various chapters of general information, *MSAR* contains detailed information for each medical school. A school's entry generally contains sections on "General Information," "Curriculum," "Requirements for Entrance," "Selection Factors," "Financial Aid," and "Information for Minorities." Each of the 115 entries in the 1976–77 edition (which would have been the edition used by the majority of applicants to the 1976–77 entering class) were scanned

and statements regarding selection criteria were culled from any of the sections. Almost all of the statements obtained were from the "Selection Factors" section.

It became evident that the statements were generally in one of three categories: (1) that the school did "not discriminate on the basis of...," (2) that the school preferred (or "encouraged" applications from) applicants with certain characteristics, and (3) that applicants with specific characteristics were "unlikely to be accepted" or that their acceptance was limited to a specific (usually very small) percentage of the entering class. A few of the entries contained no statements at all regarding specific selection criteria, while some contained more than one statement about a single criterion (usually state-residency). The statements were categorized according to selection factor categories and the number in each category was tallied.

2. Admission Criteria and Changes from 1973 to 1976

a. National Analyses:

• Examination of Differences

The questions of which criteria were of consequence in the selection process, i.e., which criteria distinguish applicants who were accepted from those who were rejected, and whether there were any changes from 1973 to 1976 in the distinguishability of the criteria were both addressed in the same way. Differences in the proportions of acceptees and rejectees with various characteristics and differences in their mean scores on various indices were compared for each class year and for each application outcome, e.g., acceptance or rejection. Thus, four series of comparisons were made: (1) 1973 acceptees versus 1973 rejectees; (2) 1976 acceptees versus 1976 rejectees; (3) 1973 acceptees versus 1976 acceptees; and (4) 1973 rejectees versus 1976 rejectees.

Chi-square was the statistic used to determine the significance level of differences between acceptees and rejectees on the nominally-scaled variables such as sex, racial/ethnic identity, etc., while the t-test was used to examine differences on the metrically-scaled variables such as age, MCAT scores, etc. However, because both statistics are affected by sample or group size, i.e., the larger the sample or group, the greater the likelihood "that there is some slight relationship that will produce a statistically significant relationship" (3), emphasis was given to differences in means and percentages, rather than to levels of significance.

There is a limitation to this "examination-of-differences" type of analysis. The limitation is its failure to indicate whether the finding of a difference between two groups with regard to a particular characteristic is really a difference on that characteristic or whether the difference is due to another characteristic strongly related to the one being tested. For example, consider the well-documented finding that mathematics achievement varies by sex such that males perform better than females (4). There is much evidence to support the idea that this performance difference is due, not to physiological sex differences, but to the differential reinforcement/encouragement which varies by sex. In other words, males are reinforced for achievement in mathematics while females are not (or, at least, have not been until recently) (5). The value of an "examination-of-differences" type of analysis is in its indication of which characteristics to subject to further examination. Continuing with the example, it is valuable to know that math achievement varies by sex, rather than by hair color, so that further investigation focuses on factors related to sex (among which is reinforcement) and not, fruitlessly, on factors related to hair color.

• Regression Analyses

After discovering via an examination-of-differences analysis which independent variables or predictors are related to the phenomenon being examined (whether medical school admission or math achievement), the next logical question is "What is the order of importance among all of these variables regarding their influence on the dependent variable or criterion?" It is impossible to establish a straightforward answer to the question, however, when the predictors are correlated with each other, even very slightly. This is because part of their influence will be unique and part will be in conjunction with those predictors with which they are correlated. In lieu of an extensive series of computations which would separate the contribution of each predictor by itself from its contribution in combination with each of the other predictors, another approach was taken.

First, all of the variables in the examination-of-differences analysis were correlated and the resulting matrix of coefficients examined. Most of the predictors were intercorrelated at levels below $\pm .20$, but a few

pairs, such as MCAT-Verbal and MCAT-General Information, MCAT-Quantitative and MCAT-Verbal, etc., showed correlations greater than $\pm .65$, indicating a high degree of overlap or duplication in the information they contained. To eliminate this duplication, one of each pair of highly correlated variables was eliminated from the analysis, on the basis of its relationship to other variables in the analysis.

After the independent variables or predictors were selected, forward stepwise regression analyses were performed using each of two criteria: an index of an applicant's acceptability (explained below) and the number of acceptances received. This regression procedure consists of a series of steps in which, at each step, the equation or model is expanded by the inclusion of another predictor. The sequence of inclusion is based upon the amount of additional variance in the criterion which each predictor contributes. Thus, at the first step, that predictor which, by itself, explains the highest proportion of the variance in the criterion is used to form the model. In the second step, whichever predictor explains the greatest percentage of the variance in the criterion in addition to that explained by the first predictor is added to the model. As many steps were performed as there were predictors, in order to permit an examination of the addition made by each predictor to explaining the variance in the criterion. This stepwise regression analysis (6) was performed on the data of (a) those 1976 applicants for whom information was available on all variables (32,515 or 76 percent of the 1976 applicant pool) and (b) those 1976 acceptees for whom information was available on all variables (13,260 or 84 percent of the 1976 acceptees). The 1973 applicants were excluded from this analysis since no data were available from this group regarding their educational level at application, their plans for practice location or the location of their precollege years. Furthermore, both acceptees and rejectees in 1976 applied to significantly more schools than had acceptees and rejectees in 1973. In other words, they were evaluated by more schools, thus giving greater precision to their "applicant acceptability index", a criterion measure which is explained below.

Essentially, the analyses derived four sets of equations to predict, separately for applicants and for acceptees, two criteria: (1) the number of acceptances received and (2) an index of the applicant's "acceptability". Because it was expected that the number of acceptances received by an applicant would be highly influenced by the number of applications filed and by the "quality" of the schools to which application had been made, an index of an applicant's "acceptability" was constructed in order to obtain a more stable ranking of his or her standing compared to other applicants. The index is based on either the selectivity (see item 20 in Appendix B for explanation) of the *most* selective school *accepting* an applicant, for acceptees, or, for rejectees, the selectivity of the *least* selective school rejecting him/her plus a correction factor.

This correction factor (a constant equal to the difference in selectivity between the two medical schools most similar in selectivity minus .000001) was subtracted from the acceptability index of all rejected applicants. The purpose of the correction was to distinguish the acceptability indices of an acceptee and of a rejectee for whom the most selective school accepting and the least selective school rejecting, respectively, were the same school. Without such a correction, the acceptability indices of this acceptee and rejectee would have been equivalent, and, by definition, the rejectee is less acceptable than the acceptee. The same constant was *added* to the acceptability index of applicants accepted through the Early Decision Plan to distinguish them from applicants accepted at the same school, but through the regular admission cycle.

By combining two pieces of information, namely, whether an applicant was accepted at any of the medical schools to which he/she applied and the selectivity of the schools evaluating his/her application, the acceptability index permits a metrically-scaled comparison of each applicant with every other applicant. Obviously, the precision of the index is constrained by the number of medical schools to which an applicant applies and by the range of their selectivities. However, since 34,542 of the 42,155 applicants to the 1976 entering class filed more than one application with the mean number of applications filed by each applicant having been 8.83 (7), the constraint of the first factor is not great.

There seem to be no formal data on the other possible constraint on the precision of the acceptability index, that is, on the range of schools to which applicants apply. That constraint, however, operates logically in the following way. If a rejected applicant had applied only to highly selective schools, there would be no indication of his/her acceptability to less selective schools. Nevertheless, the information that, compared to their acceptees, he/she is less acceptable to the least selective of these very selective schools still

permits a valid, though approximate, placement of the rejectee on the acceptability continuum. Moreover, since a major emphasis of premedical counseling is to encourage applicants to apply to a group of medical schools representing a range of selectivity, it is not unreasonable to attribute substantial validity to the index of acceptability. As a check on the validity of this measure, the mean acceptability indices of the acceptees and of the rejectees for each of the entering class years were compared. A statistically significant difference between the mean acceptability of acceptees and rejectees was obtained for each of the class years, attesting to the validity of the acceptability index.

b. Institutional Analysis: As a supplement to the national analyses, a comparison was made of the sexes, racial/ethnic identities, parental incomes, and career, specialization, and location plans of applicants versus those of acceptees to each school.

By examining, for each school, the characteristics of its acceptees with the characteristics of its applicants, allowance is made for differences in each school's applicant pool. Comparing the characteristics of a school's acceptees to the characteristics of acceptees at all schools is misleading, for, as is well known, applicant pools differ among the institutions. The differences stem from several sources: (a) the strict state-residency requirements of publicly-supported medical schools which, in turn, affect other characteristics of their applicant pools; (b) other published requirements which vary among schools and which encourage or discourage potential applicants with certain characteristics from applying; and (c) informal feedback or "grapevine" knowledge of the type of student that a school prefers and is more likely to accept. All of these factors promote student self-selection of the schools to which they apply and, therefore, by which they can be accepted.

Another possible comparison, but also potentially misleading, is the comparison of a school's matriculants to its applicants. Matriculation is a phenomenon quite different from acceptance. Matriculation reflects not only the school's decision to accept an applicant, but also the applicant's decision to "accept" the school, a decision which is influenced by such factors as whether the applicant received acceptances from more preferred schools, whether the school in question offered financial assistance, etc. The phenomenon of acceptance, on the other hand, reflects only the decision of the school, the issue of interest to this study. The distinction between acceptance and matriculation becomes clearer when one considers the actual numbers involved — to admit the 1976–77 first-year class, the medical schools extended 24,804 acceptances to 15,774 applicants, of whom 15,268 actually matriculated (8).

This individual school analysis compared the proportions of each school's applicants to the proportions of its acceptees on eleven characteristics which were either directly related to or have been shown in the medical career choices literature to be related to the increased production of physicians from underrepresented groups, physicians likely to engage in primary care, and physicians likely to locate their practices in rural areas. The eleven characteristics were: (1) female sex; (2) underrepresented-minority or (3) other-minority racial/ethnic identity; parental income of (4) less than $10,000 or (5) $10,000 to $14,999; (6) farm or (7) small-town background; (8) plans for practice in a small town; (9) plans for a general practice career; and plans for specializing in (10) family practice or in (11) other primary care specialties.

The percentage of a school's applicants with a given characteristic was subtracted from the percentage of its acceptees with that same characteristic. If the result of this arithmetical operation was zero or close to it, it indicated that a school's acceptees mirrored its applicants on that particular characteristic. A high positive result indicated that the school's admission process implicitly favored applicants with the characteristic, while a high negative result meant that it implicitly disfavored applicants with the characteristic.

Because most students make several applications, the more outstanding ones generally receive several acceptances. In other words, the medical schools "compete" for these outstanding applicants, even if they are out-of-state residents applying to a state school. If outstanding applicants have applied to schools which represent a range of selectivity, they generally are accepted by all of them. Thus, the percentage of a highly selective school's acceptees who are also accepted elsewhere is usually high, while at less selective schools the percentage is usually lower. The admissions process at every medical school allows for the resulting uncertainty regarding how many of its acceptees will actually matriculate by accepting a greater number of applicants than it has spaces in its entering class. Based on past years' experiences, the schools are able to estimate quite closely what percentage of their

acceptees will matriculate, but this percentage, as explained above, differs from school to school. In order to give a more comprehensive picture of the dynamics of admission at each school, the percentage of a school's acceptees who were accepted elsewhere (9) has been reported along with the percentages of applicants and acceptees with each of the eleven characteristics of interest.

c. Case-Study Analysis: In order to present a more detailed picture of admission than that given in the institutional level analysis, a case-study of admissions at eight medical schools was conducted. Selection of the eight schools was based on their having either unusual selection criteria, unusual logistical features or goals, and procedures specifically designed to increase the acceptance of groups underrepresented in medicine or groups with plans for primary care and/or for practice in underserved areas. The willingness of the deans of these eight schools to cooperate with the case-study was an important (and greatly appreciated) factor in their being selected. Data for the analysis were collected via a questionnaire completed by a person intimately involved in the admission process at each of the eight schools. The questionnaire covered the subjects of admission goals and objectives, application processing and logistics, interviewing, and admission committee characteristics and functions. Appendix C.2 presents the questionnaire which was constructed and used for this phase of the study.

3. Nonmatriculation Factors

The methodology used to identify the factors distinguishing accepted applicants who matriculated in medical school from those who did not was identical to that used to discover which admission criteria were important in the selection of students and which changed in importance from 1973 to 1976. The chi-square and t-test statistics were used to determine the significance levels of differences between matriculants and nonmatriculants on categorical and metric variables, respectively. Subjects of this analysis were the 15,268 acceptees to the 1976–77 entering class who matriculated and the 506 who did not.

NOTES

1. W. F. Dube and D. G. Johnson, *Applicants for the 1973–74 Medical School Entering Class* (Washington, D.C.: Association of American Medical Colleges, 1975); and W. F. Dube and D. G. Johnson, *Medical School Applicants 1973–74: Supplementary Tables* (Washington, D.C.: Association of American Medical Colleges, 1976).
2. T. L. Gordon, *Descriptive Study of Medical School Applicants, 1976–77* (Washington, D.C.: Association of American Medical Colleges, 1978).
3. H. M. Blalock, *Social Statistics*, 2nd ed. (New York: McGraw-Hill Book Company, 1972), p. 293.
4. An extensive literature on this subject exists. Some of the more recent and comprehensive items are: E. E. Maccoby and C. N. Jacklin, *The Psychology of Sex Differences* (Stanford: Stanford University Press, 1974); E. Fennema, "Mathematics Learning and the Sexes: A Review," *J. for Research in Mathematics Learning* 5(1974): 126–139; H. S. Astin, "Sex Differences in Mathematical and Scientific Precocity," in *Mathematical Talent: Discovery, Description and Development*, eds. J. C. Stanley, D. P. Keating, and L. H. Fox (Baltimore: Johns Hopkins University Press, 1974); and J. L. Hilton and G. W. Berglund, *Sex Differences in Mathematics Achievement* (Princeton: Educational Testing Service, 1971).
5. W. J. Meyer and G. G. Thompson, "Sex Differences in the Distribution of Teacher Approval and Disapproval Among Sixth-Grade Children," *J. of Ed. Psychology* 47(1956): 385–396; and E. Fennema and J. Sherman, "Sex-Related Differences in Mathematics Learning: Myths, Realities and Related Factors" (paper presented at the Annual Meeting of The American Association for the Advancement of Science, Boston, February 1976).
6. N. H. Nie, C. H. Hull, J. G. Jenkins, K. Steinbrenner, and D. H. Bent, *Statistical Package for the Social Sciences* (New York: McGraw-Hill, 1975).

7. J. M. Cuca, "Applications vs. Acceptances to the 1976–77 First-Year Class of U.S. Medical Schools," *J. Med. Educ* 51(1977): 1010–1012.
8. See notes 2 and 7 above.
9. This is basically the same measure as that used by Sherman though his measure was based on matriculants, rather than acceptees (C. R. Sherman, *A Third Exploratory Analysis of the Relations Among Institutional Variables: A Study of Institutional Preferences in Medical Student Admissions* [Washington, D.C.: Association of American Medical Colleges, 1978]).

III. RESULTS AND DISCUSSION

A. Content Analysis of Published Statements of Medical Schools

It was noted in Chapter I that there is little documentation of the admission process objectives of the medical schools relative to physician manpower characteristics. Either the schools have not publicly specified their objectives or they simply have not refined their objectives beyond admitting "those best suited for the medical profession," etc. This absence of specific public objectives is much more pronounced with regard to selection based on career plans than it is with regard to selection based on demographic characteristics. Informal information indicates that many persons involved in medical school admissions believe that career plans expressed by applicants to medical school are not sufficiently stable to merit much weight as a selection criterion. They contend that few applicants really know, at that point in their careers, what a given career/specialty entails in the way of subject matter, day-to-day activities, colleagues, manner and location of practice, etc. Thus, according to this line of reasoning, career preferences inevitably are developed (and also changed) *during* and after medical school.

Nevertheless, some public information does exist regarding school stances toward certain applicant characteristics and it portrays in high-relief the lack of attention to career plans and the high degree of attention to demographic characteristics. Table 1 contains tabulations of the number of schools which explicitly stated with regards to the selection of their 1976–77 entering class that they (a) did "not discriminate on the basis of" certain characteristics and/or (b) "preferred" applicants with a certain characteristic and/or (c) "preferred" applicants who did not have a certain characteristic (1). Statements for public consumption do not necessarily coincide with actuality, but they can be taken as an index of institutional awareness of social issues. It is, therefore, worthwhile to examine such statements before proceeding to the actuality of the admission process.

The data in Table 1 show that the majority of schools publicly acknowledge their responsibilities to avoid discrimination in admission on the basis of sex, race, and religion (79, 72, and 73 schools, respectively). Next most frequent are statements regarding residency (national, state, and regional); this frequency undoubtedly reflects both legislated restrictions on the residency origins of students whom the publicly-supported schools may admit as well as medical school awareness of a responsibility to provide medical manpower for the geopolitical area in which the school is located and by which it is supported.

After statements regarding residency, those regarding age were next most frequent. Approximately 10 percent of the schools (12) reported preferences against the older applicant whose length of career may be shorter, motivation for a medical career less certain, undergraduate preparation less timely, and adaptation to the rigors of medical school more problematic than that of a younger applicant. On the other hand, almost half (49) of the schools preferred that applicants be a college graduate either at application or by the time of matriculation in medical school.

The remainder of the statements, among which are the few concerned with career choices, indicate an active orientation toward admitting certain types of students rather than an effort to avoid discrimination. Eleven schools "encouraged" disadvantaged applicants to apply, while 6 (not necessarily different from the preceding 11) "encouraged" applications from racial/ethnic groups underrepresented in medicine and 4 "encouraged" applications from rural residents. Four schools preferred applicants who intended to practice in a rural area and 1 preferred applicants who intended to specialize in family practice.

The foregoing summarizes what was *stated* regarding the criteria for admission to medical school. Now, let us look at what actually happened.

Table 1

Number of Medical Schools Stating Non-Discrimination, Preferences For and Preferences Against Indicated Applicant Characteristics (N = 115 schools)

Characteristic[1]	"Do Not Discriminate On Basis Of"	Preference For	Preference Against
Sex (Women)	79	4	—
Race (Minority)	72	23[2]	—
Creed/Religion	73	—	—
Citizenship (U.S.)	—	4	19[3]
National Origin	54	—	—
(State Resident)	12	97[4]	14
(Minority State Resident)	—	2	—
(Regional Resident)	—	5	—
Age (Age Range)	7	12	12
Marital Status	3	—	—
Repeat Applicant (First-time)	4	1	9[5]
Graduate Student (College Graduate)	2	49	2
Undergraduate College (Same as Medical School)	1	2	—
Financial Need Status (Disadvantaged)	7	11[2]	—
(Underrepresented Group Member)	—	6[2]	—
(Rural Resident)	—	4[2]	—
(Intended Rural Practice)	—	4	—
(Intended Family Practice)	—	1	—
Physical Handicaps	1	—	—
Political Beliefs	1	—	—

SOURCE: Medical School Admissions Requirements, 1976–77, Association of American Medical Colleges, Washington, D.C., 1975.

[1]The characteristic which was *not* the basis for discrimination or *against* which there was a preference is listed. Categories of characteristics which were preferred appear in parentheses.

[2]While these applicants were not "preferred", they were "encouraged to apply". Of the 23 schools tabulated as having a preference for race, 21 "encouraged" minority applicants and another 2 preferred minority state-residents.

[3]Includes 16 schools with preferences against foreign nationals and 3 with preferences against U.S. citizens who were foreign-educated. Some schools stated that exceptions were made for (1) superior applicants, (2) foreign nationals with permanent resident status or (3) foreign nationals who were educated in the U.S.

[4]Includes 4 statements that *only* state residents would be accepted; 9 schools gave preference to residents of states without a medical school, 2 to residents of states contributing to the support of the medical school, and 4 to non-residents with a connection to the state.

[5]Includes preferences against specified numbers of reapplications.

B. Admission Criteria and Changes from 1973 to 1976

1. National Analyses

In the presentation and discussion of results which follows it is important to bear in mind that interrelationships exist among various applicant characteristics. For example, in 1973 women applicants scored higher on the average than did men on the MCAT-Verbal and General Information subtests and lower on the Quantitative and Science subtests (2). As was pointed out in the previous chapter, relationships among independent variables or predictors (such as sex and MCAT scores) confound the examination of their separate relationship to the dependent variable or criterion (such as acceptance/rejection).

In attempting to winnow the critical factors in medical school admission, two sets of interrelationships are of prime importance: those which exist between the various other characteristics and intellectual aptitude (as has usually been measured by the MCAT-Verbal and Quantitative subtests) and those between other characteristics and academic achievement (as has usually been measured by GPA, the MCAT-Science, and, to a lesser extent, the General Information subtests).

While a few medical schools may use measures of aptitude and achievement other than MCAT scores and GPA, it will become apparent that all schools consider these two characteristics (regardless of how they are measured) to be necessary, though not sufficient, for medical school success. For this reason, it is important to bear in mind throughout the following discussion the possibility of relationships between each of these two factors (aptitude and achievement) and other applicant characteristics. (It is well to remember also that aptitude and achievement are themselves interrelated.)

• Examination of Differences

With these cautions in mind, let us examine the data. Table 2 presents the percentage distributions of eight characteristics of the accepted and rejected applicants to the national entering classes of 1973 and 1976. Although all 32 of the chi-squares which were performed on the data in Table 2 were highly significant, as was expected with such large groups (31 at a significance level of less than .0001, the other 1 at a level of less than .04), differences in the percentages themselves have greater practical importance; therefore, let us examine those differences in terms of the extent to which they distinguish among groups.

The four characteristics with a consistent role in selection, i.e. in distinguishing between acceptees and rejectees in both 1973 and 1976, were: repeat-applicant status, instate-resident status, career plans, and specialization plans. In both years, 7 to 10 percent more of the rejectees were applying for the second (or subsequent) time than were acceptees. Both informal information from admission personnel and published data (3) indicate that the relationship of repeat-applicant status to acceptance/rejection stems from the relationship of academic credentials to repeat applicant status. First-time applicants who are rejected for insufficient credits or poor grades (usually in science) often take remedial work and reapply. However, in competition with an applicant who is presenting the same credits or grades for the first time, the repeat applicant is usually rated lower.

State residency was clearly a factor of consistent and considerable consequence in admission. In both years the proportion of rejectees who had *not* applied to a medical school which was either located in their own state or which gave preference to applicants from their state was more than twice as large as the proportion of acceptees who had *not* applied to in-state schools. The importance of state-residency for acceptance seems to have been recognized by the applicants themselves, since smaller proportions of both acceptees and rejectees restricted their applications to out-of-state schools in 1976 than had acceptees and rejectees in 1973.

Certain career plans showed a consistent and considerable relationship to admission, though whether the relationship is direct or indirect is, again, not readily apparent. In 1973, four to five percent more acceptees than rejectees were either undecided or planning a career which combined specialty practice with research and/or teaching; also, about 7 to 9 percent fewer acceptees were planning a general practice career. This lesser interest in a general practice career on the part of acceptees was also true in 1976, despite the fact that a greater proportion of the entire applicant pool planned a general practice career in 1976 than in 1973 (42.7 percent versus 36.2 percent) and, consequently, a greater proportion of the 1976 acceptees planned a general practice career than had the 1973 acceptees (40 percent versus 30 percent, respectively).

Table 2

Percentage Distributions of Characteristics of Accepted and Rejected Applicants to the 1973 and to the 1976 National Entering Classes

Characteristic	1973		1976	
	Acceptees (1)	Rejectees (2)	Acceptees (3)	Rejectees (4)
TOTAL NUMBER	14,335	26,171	15,774	26,381
1. Sex:				
Male	80.1	83.4	75.1	76.0
Female	19.9	16.6	24.9	24.0
2. Racial/Ethnic Identity:				
Afro-American/Black	6.8	4.8	6.1	5.9
American Indian	0.6	0.6	0.2	0.3
Asian-American/ Oriental	2.0	2.4	2.7	3.0
Caucasian-American/ White and No Response	85.8	86.7	86.3	84.9
Hispanic-American	1.9	1.4	3.0	2.7
Other	3.0	4.1	1.7	3.2
3. Applied to an In-State Medical School:				
Yes	94.9	87.7	95.8	90.0
No, Only Out-of-State	5.1	12.3	4.2	10.0
4. Repeat Applicant Status:				
No, First-time Applicant	83.6	73.9	78.2	70.7
Yes, Repeat Applicant	16.4	26.1	21.8	29.3
5. Type of Career Planned:				
General Practice	30.3	39.5	39.9	46.3
Specialty Practice	28.4	27.9	24.4	24.3
Research and/or Teaching	4.3	4.4	3.5	3.5
Specialty Practice and Research and/or Teaching	22.1	17.3	17.7	14.7
Other	1.4	1.5	2.0	2.5
Undecided	13.4	9.4	12.6	8.7
6. Specialization Plans:				
Basic Medical Sciences	3.3	3.1	2.1	2.2
Family Practice	18.2	23.1	29.2	32.1
Internal Medicine	8.0	7.2	6.7	6.3
Obstetrics/Gynecology	3.0	3.8	2.4	3.4
Pediatrics	8.5	8.8	7.3	7.9
Psychiatry	4.4	4.4	2.8	3.1
Public Health	5.1	4.9	3.9	4.3
Surgery and Specialties	12.9	14.4	10.0	11.7
Other Specialty	4.8	5.1	6.2	7.0
Plan to Specialize (Specialty Undecided)	10.5	7.0	9.6	6.6
Do *Not* Plan to Specialize	4.7	6.5	3.7	4.4
Undecided	16.6	11.7	16.1	10.9

Table 2 (continued)

Characteristic	1973 Acceptees (1)	1973 Rejectees (2)	1976 Acceptees (3)	1976 Rejectees (4)
7. Father's Occupation:				
Physician	13.4	11.1	14.0	11.1
Other Health Professional	4.4	4.1	4.7	4.5
Other Professional	27.6	23.5	25.4	22.6
Owner/Manager	18.9	20.8	25.2	25.3
Clerical/Sales	7.5	7.7	4.8	5.5
Craftsman	9.9	12.5	8.2	10.7
Unskilled	4.8	5.4	4.1	4.8
Farmer/Manager	2.9	3.2	2.8	2.6
Homemaker	0.1	0.1	0.1	0.1
Other	10.4	11.5	10.8	12.8
8. Mother's Occupation:				
Physician	0.9	0.6	1.0	0.7
Other Health Professional	5.9	6.9	7.8	8.0
Other Professional	13.8	10.8	14.3	11.3
Owner/Manager	2.6	3.4	4.0	4.4
Clerical/Sales	12.6	13.2	11.5	12.8
Craftsman	1.8	2.1	1.2	1.6
Unskilled	2.5	2.7	2.5	3.2
Farmer/Manager	0.2	0.3	0.2	0.2
Homemaker	54.1	54.1	51.0	50.5
Other	5.6	5.9	6.4	7.2

[1] See page 49 for rationale for this combination of racial/ethnic identity categories.

Given that career-type is related to specialty, it is not surprising that the observed relationships between specialty plans and acceptance/rejection logically paralleled those between career-type plans and acceptance/rejection. Thus, in each year, smaller percentages of acceptees than rejectees were planning to specialize in either family practice, obstetrics/gynecology, surgery, or *not* to specialize. Conversely, there were greater proportions of acceptees planning to specialize in an unspecified specialty, in internal medicine, or who were undecided. The acceptee-rejectee differences were generally of the same magnitude in both years, though in the case of family practice it was less pronounced in 1976 than it had been in 1973. However, changes in the specialization plans of the applicant pools are reflected in changes in the specialization plans of the acceptees: 18 percent of the 1973 acceptees planned to specialize in family practice versus 29 percent of the 1976 acceptees.

Data published elsewhere (4) seem to indicate that the relationship observed here of specialty plans (and, because of their interrelationship, career plans) to acceptance/rejection is really due in large part to the relationship between specialty/career plans and aptitude/achievement. Those data show that, when compared to 12 other specialty-plan groups, students who at application planned to specialize in family practice had the second lowest mean score on the MCAT-Quantitative and General Information subtests, the third lowest score on the other two MCAT subtests, and one of the lowest mean premedical GPA's. Students planning to specialize in obstetrics/gynecology had the lowest mean scores on all four MCAT subtests and one of the three lowest mean GPA's. These two groups of students, namely, those interested in family practice and those interested in obstetrics/gynecology, are precisely those shown to be less often among the acceptees than among the rejectees in the present study. On the other hand,

students who were undecided, and who in the present study were more likely to have been accepted, had the highest mean Quantitative score, the second highest mean score on the other three subtests, and one of the highest mean GPA's. The same high MCAT scores and GPA's were generally true of students planning to specialize in an unspecified specialty, while those planning to specialize in internal medicine had MCAT scores and GPA's at or slightly above the mean for all acceptees.

In terms of proportional differences between acceptees and rejectees, the characteristics of sex and racial/ethnic identity diminished in importance from 1973 to 1976. In 1973 female applicants were slightly "preferred" over male applicants — almost 20 percent of the acceptees were women versus 17 percent of the rejectees. That this reflects a preference for women applicants per se, and not a preference for applicants with superior academic credentials, seems likely since it has been reported that the GPA's of men and women who were accepted for the 1973 class were essentially similar (5). Women gained a greater percentage of the entering positions in 1976 (25 percent in all) than in 1973 (20 percent) because a greater proportion of the 1976 applicants were women; however, the slight preference shown to women in 1973 was not evident in 1976 since the percentage of acceptees to the 1976 entering class who were women was almost equal to that of rejectees who were women (25 versus 24 percent, respectively).

With respect to the different racial/ethnic identities of applicants, Afro-American/blacks seemed to receive a slight preference in 1973, but essentially none in 1976. Thus, two percent more of the acceptees than of the rejectees in 1973 were black (6.8 percent versus 4.8 percent, respectively), whereas, in 1976,the percentages were almost equal — 6.1 percent of the acceptees versus 5.9 percent of the rejectees. It is not apparent whether this equality in the 1976 proportions of black acceptees and black rejectees is a result of changes in the academic credentials of black applicants from 1973 to 1976 or whether it is due to explicit attempts to favor black applicants in 1973 but not in 1976. While blacks were slightly "preferred" in 1973 but not in 1976, Asian-American/Orientals were at a slight disadvantage in both years. Thus, even though Asian-American/Orientals constituted 0.7 percent more of the acceptees in 1976 than in 1973, they (as those of "Other" racial/ethnic identities) also constituted a slightly higher proportion of the rejectees than of the acceptees in both years.

In neither year did there seem to be any advantage for applicants who were Hispanic-American or Caucasian-American/white, since equal percentages of acceptees and rejectees came from each of the two racial/ethnic groups in each year. However, while the percentages of white acceptees and rejectees were essentially the same in both years, the percentages of Hispanic acceptees and rejectees in 1976 were about double the percentages of Hispanic acceptees and rejectees in 1973. In contrast to there being more Hispanics in the 1976 applicant pool than in the 1973 pool, the representation of American Indians among acceptees and rejectees in 1976 was approximately half what it had been in 1973.

Parental occupations (which reflect socioeconomic background) were related to acceptance/rejection. The children of physicians and of other professionals (both in the health field and in other fields) represented a greater proportion of the acceptees than of the rejectees. This was even more pronounced when father's occupation was the descriptor than when mother's occupation was. Of those accepted in 1973, 41.0 percent had fathers who were at the high end of the occupational spectrum, that is, either physicians or other professionals, while only 34.6 percent of the rejectees did. The comparable figures for 1976 were 39.4 percent of the acceptees and 33.7 percent of the rejectees. With respect to mother's occupation, 14.7 percent of the 1973 acceptees had mothers who were physicians or other professionals versus 11.4 percent of the rejectees; in 1976, the percentages were 15.3 and 12.0 percent.

Table 3 presents the means and standard deviations of the metrically-scaled variables for acceptees and rejectees for each class year. Of the 69 t-tests computed on these means, 63 were highly statistically significant, in spite of seemingly negligible differences in the means. (At the .05 level of significance, one would find only 3 of the 69 to be significant by chance alone.) The 6 non-significant t-tests were those regarding the differences in the: (1) ages of the 1973 acceptees and the 1976 acceptees; (2) undergraduate college selectivities of the 1973 rejectees and the 1976 rejectees; (3) number of medical school openings in the states of the 1973 acceptees and of the 1973 rejectees; (4) and (5) percent of in-state openings in public medical schools of the 1973 acceptees and the 1973 rejectees, and of the 1973 acceptees and the 1976 acceptees; and (6) selectivities of the medical schools applied to by the 1973 and the 1976 acceptees.

Table 3

Means and Standard Deviations for Accepted and Rejected Applicants to the 1973 and to the 1976 National Entering Classes

Variable[1]	Means and Standard Deviations			
	1973		1976	
	Acceptees (1)	Rejecteees (2)	Acceptees (3)	Rejectees (4)
TOTAL NUMBER	14,335	26,171	15,774	26,381
1. Age	21.8 (2.5)	23.2 (3.5)	21.8 (2.5)	23.1 (3.3)
2. Educational Level at Application	N.A.	N.A.	4.6 (1.1)	5.0 (1.2)
3. GPA	3.39 (.39)	2.95 (.42)	3.50 (.35)	3.13 (.42)
4. Selectivity of Undergraduate College	4.8 (2.3)	4.1 (1.9)	4.8 (2.2)	4.1 (1.9)
5. MCAT-Verbal Score	567 (88)	518 (93)	573 (85)	521 (94)
6. MCAT-Quantitative Score	610 (84)	550 (96)	635 (84)	566 (95)
7. MCAT-General Information Score	563 (80)	522 (81)	549 (76)	516 (78)
8. MCAT-Science Score	593 (79)	524 (92)	618 (73)	546 (94)
9. Parental Income	3.6 (1.3)	3.4 (1.3)	4.1 (1.2)	3.8 (1.3)
10. Father's Education	5.1 (2.0)	4.7 (2.0)	5.3 (1.9)	4.9 (2.0)
11. Mother's Education	4.6 (1.7)	4.2 (1.7)	4.7 (1.7)	4.4 (1.7)
12. Location of Precollege Years	N.A.	N.A.	4.0 (1.4)	4.0 (1.4)
13. Plans for Geographic Location	N.A.	N.A.	2.8 (1.3)	2.6 (1.2)
14. Number of Openings in Medical Schools of Applicant's State of Residence	593 (457)	614 (465)	642 (480)	640 (471)
15. Percent of In-State Openings in Publicly-Supported Medical Schools	64.4% (28.9)	63.0% (29.2)	64.0% (28.9)	64.2% (28.6)
16. Ratio of In-State Medical School Applicants to Openings	7.1 (10.8)	10.0 (18.6)	6.3 (9.5)	7.9 (14.1)
17. Number of Medical Schools to Which Applied	9.15 (7.58)	7.53 (7.19)	10.17 (9.01)	8.03 (8.02)
18. Mean Selectivity of Medical Schools to Which Applied	.2846 (.691)	.0702 (.728)	.2768 (.696)	.0556 (.791)
19. Number of Medical Schools by Which Accepted	1.64 (1.2)	-	1.57 (1.1)	-
20. Mean Selectivity of Medical Schools by Which Accepted	.0203 (.922)	-	-.0084 (.915)	-
21. Applicant Acceptability Index	.2168 (1.117)	-.9669 (1.150)	.1647 (1.113)	-1.0469 (1.272)

[1]See Appendix B for detailed explanation of scaling of variables.

On most variables, acceptees differed from rejectees not only with respect to the means of their distributions, but also with respect to their variability. That the standard deviations of the acceptees are generally smaller than those of the rejectees shows that the acceptees are more homogeneous than the rejectees with respect to the different variables. The acceptee-rejectee differences for both years show that acceptees were younger and, relatedly, at a lower educational level when they applied. They had higher GPA's and MCAT scores and had studied at more selective undergraduate institutions. Higher parental incomes and educational levels were also characteristic of acceptees, as were plans to locate in more urban areas. While the ratio of applicants to openings in the states of which acceptees were legal residents was lower, acceptees applied to a greater number of schools. In terms of the "acceptability index", acceptees were more "acceptable".

With regard to how applicants were screened in 1973 versus how they were screened in 1976, let us examine first those selection criteria which seemed not to change in importance from 1973 to 1976. Acceptees in the two years did not differ from each other in age, in the percent of openings which were in publicly-supported medical schools in their states, or in the mean selectivities of the schools to which they applied. Rejectees in both years had attended undergraduate institutions of the same mean selectivity level. On first inspection, both acceptees and rejectees seem to have come from backgrounds with higher parental incomes in 1976 than in 1973; however, this may be a spurious finding since the data were not corrected for inflation. (Because the data were collected in income ranges, rather than in exact figures, the correction could not be readily made.)

Examination of those criteria whose impact seemed to change from 1973 to 1976 shows, for acceptees, higher MCAT-Verbal, Quantitative, and Science scores, lower General Information scores, higher GPA's, higher socioeconomic background (parental income and education), more openings in in-state medical schools, and, relatedly, a lower ratio of applicants to openings in-state (or less competition). Influencing the logistics of the admission process was the increased number of schools to which acceptees applied in 1976 — to little avail, though, since the mean number of acceptances they received in 1976 decreased from the 1973 level.

For rejectees, changes from 1973 to 1976 were in younger age, higher MCAT-Verbal, Quantitative, and Science scores, lower General Information scores, higher GPA's, higher parental income and education, more openings in in-state medical schools, greater percentage of openings in publicly-supported medical schools, and, relatedly, a lower ratio of applicants to openings in-state (or less competition). Like acceptees, rejectees applied to more schools in 1976; but, unlike acceptees, the mean selectivity of the medical schools to which they applied in 1976 was lower than in 1973. Except for age, percent of in-state openings in public medical schools, and mean selectivity of medical schools to which applied, all of these changes for rejectees paralleled those for acceptees and might, therefore, simply be a reflection of changes in the applicant pool, rather than the admission process. In support of the former interpretation are published data on changes in the characteristics of applicants over this period (6).

In confirmation of its validity, the applicant acceptability index shows large differences between acceptees and rejectees in each year. The slight decrease in the acceptability of acceptees from 1973 to 1976 is probably a function of increased class size in the less selective schools, while the decrease in the acceptability of rejectees probably is also a reflection of the decrease in the mean selectivity of the schools to which the 1976 rejectees applied.

• Regression Analyses

Two of the admission-process variables included in the examination-of-differences analysis were excluded from the regression analysis because it was expected that they would dominate the two criteria, acceptability and number of acceptances received. The two excluded variables are "number of applications filed" and "mean selectivity of the schools to which application was made". While "mean selectivity of the schools to which application had been made" showed a substantial correlation with acceptability ($r = +.47$, for applicants, and $r = +.63$, for acceptees), "number of applications" showed much less relationship to "number of acceptances" ($r = +.21$, for applicants and $r = +.30$, for acceptees).

The size of the intercorrelation between the two criteria demonstrates that either they measure different phenomena or are not linearly related: for applicants, the coefficient was .56; for acceptees, .54; indicating that the proportion of the variance shared by the two measures (R-squared) is only .31 and .29, respectively. Thus, while the two dependent variables

have a common component, they are far from being exact duplicates of each other. In other words, an applicant's medical school acceptability is not simply the number of medical schools which will accept him or her.

The results of the regression analysis performed on the data of the applicants appear in Table 4. They show that the information contained in all 27 predictors explains only 23 percent of the total variance in an applicant's acceptability and 29 percent of the variance in the number of acceptances an applicant received. (These percentages are the multiple R-squared when all 27 predictors have been entered into the model.) In other words, factors other than those included in the analysis are responsible for 77 percent and 71 percent of an applicant's acceptability and number of acceptances, respectively. Among these factors are those concerned with applicant "personality characteristics," the descriptors for which national data are lacking, as observed in the first chapter of this report.

As interesting as the low percentage of explanation of the two criteria is the fact that only six predictors are together responsible for almost all of the explanation and five of them are common to the explanation of both criteria. The five are GPA, undergraduate college selectivity, MCAT-Science score, MCAT-Verbal score, and repeat-applicant status. Age is the sixth of the predictors explaining acceptability, and underrepresented-minority racial/ethnic identity is the sixth explaining number of acceptances. (The simple r's show that the relationships of repeat-applicant status and age to the criteria are both negative.) The remaining 21 predictors essentially add no information beyond that contained in the six mentioned.

Table 5 presents the results of the regression analyses performed on the data of acceptees only. By eliminating rejectees from these analyses, the meaning of the criteria are changed somewhat. The dichotomous element, acceptance/rejection, is eliminated and what remains is akin to a ranking of the acceptees. In terms of the criterion "acceptability", the ranking is on a 116-point scale (for 116 medical school selectivity ratings) rather than on a 13,260-point scale (for 13,260 acceptees in the analysis). The 116-point scale does not distinguish among or rank acceptees within schools, but only between schools. Thus, all acceptees whose most selective accepting school was the same school receive the same ranking. With respect to the criterion "number of acceptances received", the ranking is on a 13-point scale since the number of acceptances received by acceptees ranged from 1 to 13 (7).

A total of 36 percent of acceptees' acceptability and 23 percent of the number of acceptances they received was accounted for by all 27 predictors — 13 percent more and 6 percent less, respectively, than was explained in the analyses of the applicant data. Again, almost all of the explanation was made by a combination of about one-quarter of the predictors and 4 of these 7 more-informative predictors were identical to those in the applicant regression analyses, namely, GPA, undergraduate college selectivity, MCAT-Science score, and MCAT-Verbal score. Underrepresented-minority racial/ethnic identity and ratio of instate applicants to openings were also of some consequence in the prediction of the two criteria for acceptees.

2. Institutional Analysis

Because the preceding section is based upon data aggregated over all medical schools, it is not particularly informative about whether the admission process at individual medical schools will change the characteristics of the physician pool. The data presented in this section address that issue.

Table 6 presents a summary of the data reported in Appendix Tables D-1 and D-2. The latter two tables give a snapshot of the dynamics of admission at each of 117 U.S. medical schools by presenting the percentages of applicants and acceptees in 1973 and 1976 with selected characteristics related to acceptance, demographic attributes, geographic location, career, and specialization plans.

The first two columns of data in Table D-1 (labeled "Percent of Applicants Accepted" in 1973 and in 1976) give an idea of how stringent the selection process at each school had to be. While some schools were accepting less than 5 percent of all their applicants, other schools were accepting more than 40 percent. In general, it is the private schools which accept smaller percentages, since the total number of their applicants is usually greater due to their less restrictive state-residency requirements. It is interesting to note that 54 schools accepted a greater percentage of their applicants in 1976 than they had in 1973. This increase in the percent of applicants accepted is due to the availability of more positions in the later class (8).

The data in the two columns of Table D-1 labeled "Percent Accepted Elsewhere" in 1973 and in 1976 are an indication of the selectiveness of each

Table 4

Results of Forward Stepwise Regression Analysis of the "Acceptability" and Number of Acceptances Received by *Applicants* to the 1976–77 Entering Class[1]

Criterion: Applicant "Acceptability"

Predictor Entering at Each Step	Multiple R^2	Change in Multiple R^2	Simple r
1. MCAT-Science Score	.13623	.13623	.36909
2. GPA	.17220	.03597	.33454
3. Undergraduate College Selectivity	.20598	.03378	.24854
4. MCAT-Verbal Score	.21432	.00833	.30438
5. Repeat Applicant	.21905	.00474	-.11039
6. Age	.22183	.00278	-.08171
7. Underrepresented-Minority Racial/Ethnic Identity	.22400	.00216	-.13805
8. EDP Applicant	.22508	.00109	.07983
9. Sex	.22594	.00085	.03069
10. Instate Applicant	.22663	.00069	-.00201
11. Physician Father	.22729	.00066	.03052
12. Ratio of Instate Applicants to Openings	.22780	.00051	.10409
13. Other-Minority Racial/ Ethnic Identity	.22833	.00054	-.02638
14. Career Plans: Specialty Practice and Research and/or Teaching	.22870	.00037	.06992
15. Rural/Small Town Background	.22903	.00033	-.01959
16. Career Plans: Research and/or Teaching	.22925	.00022	.03359
17. Specialization Plans: Other Specialties	.22943	.00018	.01142
18. Career Plans: General Practice	.22957	.00014	-.07168
19. Career Plans: Specialty Practice	.22970	.00013	-.02944
20. Mother Employed Other Than as M.D.	.22982	.00012	-.02077
21. Physician Mother	.22989	.00007	.02110
22. Small-Town Practice Location Plans	.22996	.00007	-.03833
23. Specialization Plans: Primary Care	.23001	.00005	-.01070
24. Father: Professional Other Than M.D. or Other Health Professional	.23002	.00001	.03694
25. Parental Income	.23003	.00001	.08509
26. Specialization Plans: No-Patient Services	.23003	.00000	.01203
27. Father: Health Professional Other Than M.D.	.23003	.00000	-.00161

[1] N = 32,515.

Table 4 (continued)

Criterion: Number of Acceptances Received

Predictor Entering at Each Step	Multiple	Change in Multiple R^2	Simple r
1. GPA	.12962	.12962	.36003
2. Undergraduate College Selectivity	.18956	.05994	.24203
3. Underrepresented-Minority Racial/Ethnic Identity	.23598	.04642	.06167
4. MCAT-Science Score	.27024	.03426	.33933
5. MCAT-Verbal Score	.28034	.01010	.27110
6. Repeat Applicant	.28580	.00547	-.13201
7. Physician Father	.28723	.00143	.03020
8. Instate Applicant	.28803	.00080	.04181
9. Career Plans: Specialty Practice and Research and/or Teaching	.28854	.00051	.07699
10. Specialization Plans: Other Specialties	.28888	.00034	.01263
11. Career Plans: General Practice	.28946	.00058	-.09433
12. Physician Mother	.28963	.00017	.02430
13. Father: Health Professional Other Than M.D.	.28979	.00016	.01108
14. Ratio of Instate Applicants to Openings	.28994	.00015	.07714
15. Career Plans: Specialty Practice	.29005	.00011	.00809
16. Specialization Plans: Primary Care	.29017	.00012	.00951
17. Rural/Small Town Background	.29026	.00009	-.03396
18. Age	.29030	.00004	-.15918
19. Mother Employed Other Than as M.D.	.29033	.00003	.01034
20. Specialization Plans: No-Patient Services	.29035	.00002	.01431
21. Parental Income	.29037	.00002	.06128
22. Sex	.29039	.00002	.02181
23. Career Plans: Research and/or Teaching	.29040	.00001	.01083
24. EDP Applicant	.29041	.00001	.04643
25. Father: Professional Other Than M.D. or Other Health Professional	.29041	.00001	.03006
26. Small-Town Practice Location Plans	.29041	.00000	-.05400
27. Other-Minority Racial/ Ethnic Identity	.29042	.00000	-.02185

Table 5

Results of Forward Stepwise Regression Analysis of the "Acceptability" and Number of Acceptances Received by *Acceptees* to the 1976–77 Entering Class[1]

Criterion: Applicant "Acceptability"

Predictor Entering at Each Step	Multiple R^2	Change in Multiple R^2	Simple r
1. Undergraduate College Selectivity	.16572	.16572	.40709
2. MCAT-Science Score	.24589	.08017	.36628
3. Ratio of Instate Applicants to Openings	.29540	.04951	.37783
4. GPA	.31578	.02038	.17371
5. Underrepresented-Minority Racial/Ethnic Identity	.33070	.01492	-.06386
6. MCAT-Verbal Score	.34700	.01630	.32821
7. Repeat Applicant	.34988	.00288	-.16356
8. Age	.35206	.00218	-.06287
9. Career Plans: General Practice	.35320	.00114	-.11916
10. Sex	.35421	.00100	.03422
11. Other-Minority Racial/ Ethnic Identity	.35503	.00082	.04452
12. Career Plans: Specialty Practice	.35578	.00075	-.02053
13. Physician Mother	.35632	.00054	.05133
14. Specialization Plans: No-Patient Services	.35671	.00038	.05496
15. EDP Applicant	.35703	.00032	-.03696
16. Mother Employed Other Than as Physician	.35717	.00014	-.00154
17. Rural/Small Town Background	.35728	.00011	-.08923
18. Physician Father	.35733	.00005	.01144
19. Parental Income	.35738	.00005	.06746
20. Career Plans: Research and/or Teaching	.35743	.00005	.05872
21. Career Plans: Specialty Practice and Research and/or Teaching	.35752	.00009	.10996
22. Father: Health Professional Other Than M.D.	.35756	.00005	.01059
23. Specialization Plans: Primary Care	.35759	.00003	.02374
24. Father: Professional Other Than M.D. or Other Health Professional	.35761	.00002	.05009
25. Small-Town Practice Location Plans	.35762	.00001	-.06172
26. Specialization Plans: Other Specialties	.35762	.00000	.04521
27. Instate Applicant	(did not enter)		-.00201

[1] N = 13,260.

Table 5 (continued)

Criterion: Number of Acceptances Received

Predictor Entering at Each Step	Multiple R^2	Change in Multiple R^2	Simple r
1. Undergraduate College Selectivity	.07212	.07212	.26855
2. GPA	.10705	.03493	.14687
3. Underrepresented-Minority Racial/Ethnic Identity	.16139	.05434	.10792
4. MCAT-Verbal Score	.18617	.02479	.19240
5. EDP Applicant	.20202	.01585	-.13128
6. MCAT-Science Score	.21392	.01190	.19474
7. Ratio of Instate Applicants to Openings	.22053	.00662	.21908
8. Repeat Applicant	.22356	.00302	-.16183
9. Instate Applicant	.22501	.00145	.05776
10. Career Plans: Specialty Practice and Research and/or Teaching	.22594	.00093	.08955
11. Sex	.22652	.00058	.04230
12. Specialization Plans: Other Specialties	.22686	.00034	.02121
13. Career Plans: General Practice	.22741	.00055	-.09741
14. Physician Father	.22765	.00023	-.00247
15. Specialization Plans: No-Patient Services	.22786	.00022	.04740
16. Father: Health Professional Other Than M.D.	.22807	.00021	.01573
17. Physician Mother	.22818	.00011	.02862
18. Mother Employed Other Than as M.D.	.22831	.00012	.03080
19. Rural/Small Town Background	.22841	.00010	-.06407
20. Other-Minority Racial/ Ethnic Identity	.22847	.00006	-.00495
21. Age	.22852	.00005	-.10264
22. Father: Professional Other Than M.D. or Other Health Professional	.22855	.00003	.02244
23. Parental Income	.22858	.00004	.02764
24. Specialization Plans: Primary Care	.22860	.00002	.02958
25. Career Plans: Research and/or Teaching	.22862	.00002	.02602
26. Small-Town Practice Location Plans	.22863	.00001	-.05919
27. Career Plans: Specialty Practice	.22863	.00000	.00293

Table 6

Number of Schools Which Overselected, Reproduced or Underselected Their Applicant Pools by Indicated Percentage of Applicant Characteristics and Career Plans

Applicant-Acceptee Percentage Differences (Overselection, Reproduction or Underselection)[2]	Applicant Characteristics and Career Plans[1]									
	Sex		Racial/Ethnic Identity				Parental Income[3]			
	Female		Underrepresented Minority		Other Minority		Less Than $10,000		$10,000–$14,999	
	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976
Overselection:										
51+			1							
46 to 50			1	1						
41 to 45				1						
36 to 40	1			1						
31 to 35										
26 to 30										
21 to 25		1								
16 to 20	1	3	1							
11 to 15	5	4	2	1	1		1	1	3	3
6 to 10	26	17	14	14	4	5	18	4	28	9
3 to 5	33	26	25	20	7	7	19	15	25	22
Reproduction (Representative Selection):										
+2 to −2	41	43	61	58	101	91	53	61	47	68
Underselection:										
−3 to −5	4	18	7	13		12	18	30	8	13
−6 to −10	2	3	1	6			4	4	2	
−11 to −15										
−16 to −20										
−21 to −25										
No Response	2	1	2	1	2	1	2	1	2	1
TOTAL	115	116	115	116	115	116	115	116	115	116

Table 6 (continued)

Applicant Characteristics and Career Plans[1]

Applicant-Acceptee Percentage Differences (Overselection, Reproduction or Underselection)[2]	Location of Precollege Years		Practice Location Plans	Career Plans		Specialization Plans			
	Farm	Small Town	Small Town	General Practice[4]		General Practice[4]		Other Primary Care Specialties	
	1976	1976	1976	1973	1976	1973	1976	1973	1976
Overselection:									
51+									
46 to 50									
41 to 45									
36 to 40									
31 to 35									
26 to 30									
21 to 25					1	1			
16 to 20	1				1	1	2		
11 to 15			1		2		2	1	
6 to 10	3	2	5		2	5	9	2	1
3 to 5	17	15	10		11	8	14	25	11
Reproduction (Representative Selection):									
+2 to −2	91	83	54	9	27	34	32	50	71
Underselection:									
−3 to −5	3	15	41	24	29	36	26	23	28
−6 to −10			3	62	27	23	23	2	4
−11 to −15			1	15	9	5	7		
−16 to −20				3	4				
−21 to −25					2				
No Response	1	1	1	2	1	2	1	2	1
TOTAL	116	116	116	115	116	115	116	115	116

[1]See Appendix B for detailed explanation of Applicant Characteristics and Career Plans.

[2]The percent of applicants with the indicated characteristic was subtracted from the percent of acceptees with the characteristic for each school in Tables D-1 and D-2. The results of this subtraction were tabulated according to the ranges of over- or underselection and reproduction indicated above.

[3]Because these data have not been corrected for inflation to a constant dollar base, changes from 1973 to 1976 should be interpreted with caution. Also, the income-year referred to would be 1971 for most applicants to the 1973–74 entering class and 1974 for most applicants to the 1976–77 class.

[4]See items 12 and 13 of Appendix B for difference between general practice career plans and general practice specialization plans.

school with reference to the "quality" of its acceptees. In general, schools which have higher proportions of their applicants accepted by other schools are the more selective schools. It might seem, therefore, that these schools would be subject to more uncertainty in determining the ultimate characteristics of their entrants or, in other words, more uncertainty regarding which of their acceptees will "accept" them by actually matriculating, but the opposite is probably true, that, other things being equal, applicants matriculate in the most selective school by which they have been accepted.

Keeping in mind these two logistical problems with which the medical schools must contend in the admission process, namely, the degree of selection stringency necessitated by the size of their applicant pools and the uncertainty of acceptee matriculation, let us now examine the results of their admission processes in terms of applicant and acceptee characteristics. Table 6 presents the number of schools which either "overselected", "reproduced" or "underselected" their applicant pool in admitting their 1973 and 1976 classes. Schools which "overselected" on a particular characteristic included among their acceptees a greater proportion (3 or more percent greater, see Table 6) of persons with a given characteristic than was included among their applicants. Equal proportions of acceptees and applicants with a given characteristic (-2 to +2 percent difference) indicate that neither overselection nor underselection occurred and that the school simply "reproduced" the image of its applicant pool on that characteristic. From the foregoing definitions, it follows that "underselection" refers to a smaller proportion (3 or more percent smaller) of acceptees possessing a characteristic than applicants. The characteristics in the table are those in which there is current interest as a basis for the modification of the physician manpower pool; therefore, overselection by a substantial percentage would indicate an attempt to alter the pool accordingly.

In their acceptance of women, about one-third of the schools reproduced their applicant pools in both 1973 and in 1976 (41 and 43 schools, respectively). Of the remaining schools, almost all overselected or gave preference to women applicants in 1973, one school having accepted 36 percent more than had applied. As was observed in the national analyses, this preference in favor of women was considerably muted in 1976: fifteen *more* schools underselected in 1976 (or 21 schools in all) as compared to 1973, when only 6 schools underselected.

With regard to underrepresented racial/ethnic identity, about half of the schools reproduced their applicant pools (61 schools in 1973, 58 in 1976). As with women applicants, most of the remaining schools overselected underrepresented minorities in 1973 (though not to the same extent as for women) and muted this overselection in 1976. In 1973 there were 2 schools whose acceptees included over 46 percent *more* underrepresented minorities than did their applicants, while in 1976, there were 3 schools with 36 to 50 percent more underrepresented minority acceptees than applicants. The selection of other-minority students resulted in a general mirroring or reproduction of the proportions of such applicants, though 12 schools underselected them in 1976 as opposed to none having done so in 1973.

Because the percentage of non-response to the item was large and because the data were not corrected to a constant-dollar base, the results regarding parental income are less reliable and should be interpreted with considerable caution. Generally they show over one-third to about one-half of the schools reproducing their applicant pools, a change to smaller percentages of overselection of low-income students, and more schools in 1976 than in 1973 underselecting students in the very lowest income-level category.

Page 2 of Table 6 shows that, in 1976, most schools selected proportions of students from farm and small-town backgrounds which were equal or similar to those of applicants, though 15 schools slightly underselected applicants from small-towns. Half of the schools reproduced their applicant pools in the selection of students intending to practice in a small-town though a goodly number of the remaining schools (41) slightly underselected such students.

The underselection of students with plans for a general practice type of *career* (as opposed to a general practice *specialty;* see item 13 in Appendix B) was extensive and considerable in both years, though slightly less in 1976. In 1973, except for 11 schools, all others underselected such students (80 schools by 6 percent or more). Both the number of schools which underselected and the extent of underselection in 1976 decreased from the 1973 levels — 71 schools having underselected in 1976 (42 of them by 6 percent or more). The same trends were evident in the selection of students with plans to *specialize* in general practice, namely, extensive underselection in 1973, and less underselection and a little more overselection in 1976. With regard to students planning to specialize in another primary care specialty (internal medicine, obstetrics/gynecology or pediatrics), the opposite was

Table 7

Percentage Distributions of Characteristics of Matriculant and Nonmatriculant Acceptees to the 1976 National Entering Class

Characteristic	Matriculants (1)	Nonmatriculants (2)
TOTAL NUMBER	15,268	506
1. Sex:[1]		
Male	75.3	70.2
Female	24.7	29.8
2. Racial/Ethnic Identity:		
Afro-American/Black	6.1	7.1
American Indian	0.2	0.4
Asian-American/ Oriental	2.7	3.4
Caucasian-American/ White and No Response[2]	86.3	86.2
Hispanic-American	3.0	2.0
Other	1.7	1.0
3. Applied to an In-State Medical School:[1]		
Yes	95.9	93.9
No, Only Out-of-State	4.1	6.1
4. Repeat Applicant Status:		
No, First-time Applicant	78.2	77.1
Yes, Repeat Applicant	21.8	22.9
5. Type of Career Planned:[1]		
General Practice	40.1	33.7
Specialty Practice	24.5	19.9
Research and/or Teaching	3.3	8.6
Specialty Practice and Research and/or Teaching	17.6	21.9
Other	1.9	4.6
Undecided	12.6	11.2
6. Specialization Plans:[1]		
Basic Medical Sciences	2.0	4.4
Family Practice	29.4	24.0
Internal Medicine	6.7	5.4
Obstetrics/Gynecology	2.5	2.2
Pediatrics	7.2	8.6
Psychiatry	2.8	3.8
Public Health	3.8	4.6
Surgery and Specialties	10.0	8.0
Other Specialty	6.1	9.4
Plan to Specialize (Specialty Undecided)	9.6	9.6
Do *Not* Plan to Specialize	3.7	2.6
Undecided	16.1	17.2

Table 7 (continued)

Characteristic	Matriculants (1)	Nonmatriculants (2)
7. Father's Occupation:		
Physician	14.1	10.4
Other Health Professional	4.7	5.0
Other Professional	25.2	29.3
Owner/Manager	25.3	23.5
Clerical/Sales	4.7	5.2
Craftsman	8.1	9.0
Unskilled	4.1	5.2
Farmer/Manager	2.8	3.4
Homemaker	0.1	0.0
Other	10.8	8.8
8. Mother's Occupation:		
Physician	1.0	1.2
Other Health Professional	7.8	8.0
Other Professional	14.3	13.5
Owner/Manager	4.0	3.8
Clerical/Sales	11.7	11.1
Craftsman	1.2	0.6
Unskilled	2.5	2.0
Farmer/Manager	0.1	0.4
Homemaker	51.0	51.7
Other	6.3	7.6

[1] Chi-square statistically significant at $\leq .05$.

[2] See page 49 for rationale for this combination of categories.

true — less overselection and slightly more underselection in 1976 — though in both years over half of the schools replicated their applicant pools on this characteristic.

3. Case-Study Analysis

Because of the length and non-statistical nature of the results of this analysis, they appear separately in Appendix C.1.

C. Nonmatriculation Factors

Among the 15,774 acceptees to the 1976–77 entering class, there were 506 persons (or 3.2 percent) who did not matriculate. Table 7 presents the percentage distributions of eight characteristics for the nonmatriculants and for the other 96.8 percent of acceptees, the matriculants. Four of the eight chi-squares were statistically significant. Sex, instate-resident status, specialization plans and career plans are the variables which distinguish nonmatriculants from matriculants. Thus, 5 percent more of the nonmatriculants were women; 2 percent fewer were instate-residents; a total of 8.1 percent fewer were planning to specialize in either family practice, internal medicine, obstetrics/gynecology or not to specialize; and a total of 12.4 percent fewer were planning careers in general or specialty practice or were undecided about the type of career they preferred.

While not statistically significant, there were other differences of interest. A smaller percentage of the fathers of nonmatriculants were physicians. Also, while equal percentages of both matriculants and nonmatriculants were other than Caucasian/white (14 percent), blacks, American Indians and Asian-Americans together constituted 9 percent of the matriculants versus 11 percent of the nonmatriculants.

Table 8

Means and Standard Deviations for Matriculant and Nonmatriculant Acceptees to the 1976 National Entering Class

Variable[1]	Means and Standard Deviations: Matriculants (1)	Nonmatriculants (2)
TOTAL NUMBER	15,268	506
1. Age[2]	21.8 (2.4)	22.5 (3.2)
2. Educational Level[2] at Application	4.6 (1.1)	4.8 (1.2)
3. GPA	3.50 (.35)	3.49 (.39)
4. Selectivity of Undergraduate College[2]	4.7 (2.2)	5.2 (2.4)
5. MCAT-Verbal Score	573 (85)	579 (91)
6. MCAT-Quantitative Score[2]	633 (84)	642 (91)
7. MCAT-General Information Score	549 (76)	555 (83)
8. MCAT-Science Score	618 (73)	621 (74)
9. Parental Income[2]	4.1 (1.2)	3.9 (1.2)
10. Father's Education	5.3 (1.9)	5.3 (1.9)
11. Mother's Education	4.7 (1.7)	4.6 (1.7)
12. Location of Precollege Years	4.0 (1.4)	4.0 (1.4)
13. Plans for Geographic Location	2.8 (1.3)	2.9 (1.3)
14. Number of Openings in Medical Schools of Applicant's State of Residence	641 (481)	680 (462)
15. Percent of In-State Openings in Publicly-Supported Medical Schools	64.1% (28.9)	62.2% (27.5)
16. Ratio of In-State Medical School Applicants to Openings[2]	6.5 (9.3)	7.6 (12.8)
17. Number of Medical Schools to Which Applied	10.19 (9.03)	9.47 (8.34)
18. Mean Selectivity of Medical Schools to Which Applied[2]	.2739 (0.691)	.3639 (0.820)
19. Number of Medical Schools by Which Accepted[2]	1.58 (1.15)	1.34 (.881)
20. Mean Selectivity of Medical Schools by Which Accepted[2]	-.0118 (0.911)	.0939 (1.014)
21. Applicant Acceptability Index	.1634 (1.113)	.2048 (1.091)

[1] See Appendix B for detailed explanation of scaling of variables.
[2] Chi-square statistically significant at $\leq .05$.

Persons of Hispanic and "other" racial/ethnic identities were more apt to matriculate than not (4.7 percent versus 3.0 percent).

Table 8 contains the means and standard deviations of the 21 metrically-scaled variables for matriculants and nonmatriculants. On only 9 of the variables were there statistically significant differences. These differences showed that nonmatriculants were from lower-income backgrounds, older and, relatedly, at higher educational levels when they applied. They were also from more selective undergraduate institutions and had higher MCAT-Quantitative scores. Nonmatriculants also had confronted more competition for in-state medical school acceptance (higher ratio of in-state applicants to openings) though, according to Table 7, they were less likely to have applied to an in-state medical school. Also, nonmatriculants had applied to schools which were more selective; as a result, they were accepted by fewer schools and by schools which are more selective.

The composite picture of the nonmatriculant conveyed by these results is an interesting one. He or she is a somewhat older applicant possessing a higher aptitude for quantitative academic work, and with a premedical preparation from a more competitive undergraduate institution. In view of the greater competitiveness of the nonmatriculant's undergraduate institution, his/her GPA, though numerically-equivalent to that of matriculants, indicates "true" academic achievement at a level higher than that of matriculants. Even though the nonmatriculant's applicant acceptability is not significantly higher than that of the matriculant, the former applied to and was accepted by more selective schools.

NOTES

1. Association of American Medical Colleges, *Medical School Admission Requirements, 1976–77* (Washington, D.C.: Association of American Medical Colleges, 1975). This edition contained entries for 115 U.S. schools including the University of Puerto Rico.
2. See note 1 on page 9.
3. See note 2 on page 9.
4. See note 2 on page 3.
5. See note 1 on page 9.
6. See note 2 on page 9.
7. See note 7 on page 10.
8. M. F. Ackerman, "Medical Student Enrollment, 1973–1974 Through 1977–78 (Datagram)" *J. Med. Educ.*, 53(1978): 367–369.

IV. SUMMARY

A. Content Analysis of Published Statements of Medical Schools

From the tabulations of published statements regarding selection criteria it was apparent that the medical schools were keenly aware that they should "not discriminate on the basis of" various characteristics in admitting applicants. Nevertheless, in an effort to increase the representation of groups previously underrepresented in medicine, the schools also stated that they "encourage applications from" persons in specific categories of some of the very characteristics which they had indicated would not be used as the basis for discrimination. Almost 70 percent of the 115 schools stated that they did not discriminate on the basis of sex, race or religion, though 23 stated that they "encouraged" applications from students of racial minorities. This schizophrenia regarding the issue of affirmative action/reverse discrimination is, of course, not unique to the schools of medicine, but pervades the institutions of our society today.

On the basis of frequency of mention, residency was a factor of even more importance than sex, race or religion. Out of a total of 597 statements of non-discrimination, preferences for, and preferences against, 123 concerned state-residency: 12 that it was not the basis for discrimination, 14 that preferences against out-of-state residents existed, and 97 that preferences for state-residents existed (including to the point of considering only their applications). Approximately one-half of the schools stated that they did not discriminate on the basis of national origin and 19 schools expressed preferences against foreign-national and/or foreign-educated applicants.

While sex, race, religion, and especially state-residency were recognized for their relevance to admissions, other applicant characteristics were essentially ignored in these statements. In particular, there seemed to be a disregard of the intended careers and practice locations of applicants as criteria for admission — there were a total of only 9 statements in these areas. One school mentioned a preference for students who intended to enter family practice, while 4 mentioned a preference for those intending to practice in rural areas and 4 mentioned a preference for students from rural backgrounds (whose probability of practicing in rural areas has been shown to be somewhat greater than that of other students).

B. Admission Criteria and Changes From 1973 to 1976

1. National Analyses

The comparisons of the characteristics of accepted and rejected applicants to the 1973 and 1976 entering national classes bore out the suggestive findings of the content analysis of statements regarding selection criteria. In 1973 women and blacks received some slight preference in being admitted but from 1973 to 1976 this preference disappeared and in 1976 the percentages of acceptees who were either female or black essentially equaled the percentages of applicants who were female or black. Consideration of published data on the academic credentials of women eliminated the possibility that the preference was due to higher academic credentials rather than to sex per se. On the other hand, those applicants intending general practice careers and family practice specialization were at a disadvantage; this disadvantage may have been the result of their elsewhere-documented lower academic credentials (MCAT scores and GPA's) rather than of an intentional screening out of applicants with such plans. While the percentages of acceptees planning a general practice career and a family practice specialty in 1976 were less than the percentages of applicants with such plans, the discrepancy was not quite as pronounced as it had been in 1973. In spite of a smaller percentage of acceptees than applicants with such plans in both years, a greater percentage of the 1976 than the 1973 acceptees had such career intentions. Rejectees also differed from acceptees in planning to locate their practices in more rural areas.

With respect to the academic variables examined (educational level, GPA, selectivity of undergraduate college and MCAT scores), there were large differences between acceptees and rejectees in one or both years. There were also differences with

regard to the other demographic characteristics examined, namely, age and socioeconomic background (parental income, occupation, and education).

Variables having to do with more pragmatic aspects of the admission process also showed substantial differences between acceptees and rejectees. Rejectees had more competition for openings in their states' medical schools from other applicants than did acceptees, though the percent of those openings which were in publicly-supported medical schools was not different. Surprisingly, in 1973 the total number of medical school openings in the states in which rejectees resided was greater than the number of openings in the states of acceptees. Stated in another way, applicants who were rejected in 1973 were more often from those states where the numbers of medical school openings were large, while acceptees were more often from states with fewer openings. In 1976, the reverse was true — more openings existed in the states in which acceptees resided. In both years, rejectees were more often repeat applicants and were more likely to have applied only to out-of-state medical schools. Finally, rejectees had applied to fewer schools than had acceptees and the schools to which they had applied were less selective.

In sum, the composite description of persons admitted to medical school, in comparison to those not admitted, is unsurprising — they have superior academic credentials and preparation, are younger and are from higher socioeconomic backgrounds. However, other findings provide a new perspective on acceptees. Unlike rejectees, who more often plan general practice careers, acceptees are either undecided or plan to combine specialty practice with research and/or teaching. Regarding their plans for specialization, acceptees are either undecided or, though planning to specialize, undecided as to the specialty, while rejectees plan to specialize in family practice, surgery, or *not* to specialize. Acceptees were applying to medical school for the first-time, were applying to more schools, to more selective schools, to in-state schools, and faced less competition from other in-state applicants for openings in the schools of their state.

Regarding changes in the importance of admission criteria from 1973 to 1976, those seen in the variables of sex, race, career plans, and specialty plans were discussed above in terms of differences between acceptees and rejectees which were greater in 1973 than in 1976. In terms of the remaining variables, students accepted for the 1976 class, in comparison to those accepted in 1973, had higher GPA's, higher MCAT-Verbal, Quantitative, and Science scores, lower MCAT-General Information scores, and higher socioeconomic backgrounds. There were significantly more openings in the in-state medical schools of the 1976 acceptees and less competition for those openings. Furthermore, the 1976 acceptees had, on the average, applied to one more medical school than had the 1973 acceptees, though they received fewer acceptances on the average.

Rejectees differed from 1973 to 1976 in being younger, having higher MCAT-Verbal, Quantitative, and Science scores, lower MCAT-General Information scores, and higher socioeconomic backgrounds. As was true for acceptees, there were more openings in 1976 in the medical schools of the states in which rejectees resided and, for rejectees (but not for acceptees), a greater percent of these openings were in public medical schools. As a result of more openings being available without a concomitant rise in applicants, rejectees (as acceptees) had less competition in 1976, besides having applied to more schools. Furthermore, rejectees had applied to less selective schools in 1976 than they had in 1973.

Stepwise regression analyses showed that a total of 27 measures of academic aptitude and achievement, demographic characteristics, career plans, and admission-process considerations together accounted for only 23 to 36 percent of the variance in applicant and acceptee "acceptability" or "number of acceptances." In other words, 77 to 64 percent of acceptability and acceptances is explained by factors which were not included in the analyses. Among the excluded factors are those regarding "personality characteristics", the lack of national data for which prevents a direct examination of their part in admission.

Of the variables directly examined in the regression analyses, GPA, selectivity of undergraduate college, MCAT-Science score, and MCAT-Verbal score were responsible for most of the explained variance in "acceptability" or number of acceptances. Repeat-applicant status, underrepresented-minority racial/ethnic identity, age, and ratio of instate applicants to openings also contributed to explaining the variance in the two criteria. Career and specialization plans, socio-economic background, and the remaining variables added essentially nothing to the explanation of acceptability and acceptances

beyond that contributed by the above-mentioned variables.

These results confirm that, nationally, the factors of importance for admission to medical school are academic aptitude and achievement. Possession of these two qualities are the necessary, though not sufficient, conditions for admission to and success in medical school and this policy as evidenced in the data is congruent with the comments of the Carnegie Council on Policy Studies in Higher Education that "the gatekeeper schools ... must be more careful not to admit students who lack the ability to practice the profession with competency and integrity" (1).

It is with respect to the sufficient conditions that there is little national consensus as to what is important, and in that diversity of values lies the strength of the American medical education system. Thus, some medical schools attempt to select for and produce a greater proportion of primary care practitioners; others, researchers and academicians; still others, specialists. When such data are aggregated nationally, these opposing trends tend to cancel each other out and may appear to be uninfluential.

On the other hand, what may (spuriously) appear to be influential are factors related to the necessary conditions for medical school, aptitude and achievement. Thus, it is not the selectivity of an applicant's undergraduate college per se which an admission officer considers important for the applicant's admission and success in medical school, but what the selectivity of his/her college implies about the applicant's academic aptitude and achievement.

2. Institutional Analysis

The institutional-level analysis confirmed the findings of both the content analysis of published statements and the national statistical analyses. The analysis focused on the difference between the percentage of applicants and the percentage of acceptees to each school with each characteristic of interest. The overselection of women which was evident in 1973 was less evident in 1976. The lesser overselection of (or preference for) underrepresented-minority applicants in 1973 also diminished in 1976 and the negligible overselection of other-minorities in 1973 was offset by an equivalent underselection in 1976.

The acceptance of students from backgrounds of both under $10,000 and $10–15,000 income-levels was more frequent in 1973 than in 1976. However, because the income data could not be readily corrected to a common base, changes in applicant and acceptee distributions from 1973 to 1976 are difficult to separate from changes in income levels due to inflation.

Data on the geographic locations in which applicants were raised and on the locations in which they intended to eventually locate were available only for applicants to the 1976–77 entering class. Some slight evidence of overselection of persons from farm backgrounds was evident, while there was as much underselection as overselection of those raised in small-towns. With respect to those planning to *locate* in small towns, however, underselection was sizeable.

In 1973, all but 11 schools underselected applicants who were planning general practice careers. While the number of schools underselecting such applicants had diminished by 1976, nevertheless, there were still 71 schools underselecting in 1976. The same trend was evident in relationship to specialization plans, though, as with career plans, it was most likely an indirect consequence of the relationships between academic qualifications and specialization plans. Over half the schools underselected students planning to specialize in general practice in 1973 and only slightly fewer underselected in 1976. With respect to the acceptance of those planning to specialize in other primary care specialties, the balance between the number of schools underselecting and overselecting in 1973 was tipped towards underselecting in 1976.

It is important to note that the data on applicants' plans for eventual geographic location, type of career,and specialty used in all of the analyses were not available to the schools. They were collected solely for research purposes when examinees presented themselves at biannual administrations of the MCAT. Thus, the ascription of implicit or explicit policies on these matters to the schools would be extremely tenuous, particularly since informal intelligence from admissions personnel indicates a perception of student plans expressed at application as unstable and uninformed, thus not sufficiently reliable for use as a selection criteria. There is also some reticence towards embracing present federal perceptions of national needs for certain types of physician manpower.

3. Case-Study Analysis

Results of a detailed case-study of the admission process at 8 medical schools also indicated the relative inattention which has been paid to the career and specialty plans of applicants in comparison to that which has been paid to other applicant characteristics. The schools were selected primarily because their admission processes included either unique features or objectives directly focused on the acceptance of students with certain demographic characteristics or specialty/career plans.

Information provided by the schools in response to a questionnaire seemed to demonstrate that admission policies, committee characteristics, and procedures consciously directed towards increasing the probability of acceptance of women and minority group applicants were successful in doing so. The decreased probability of acceptance of applicants with plans for general/family practice and/or rural practice, and to a lesser extent those from low-income backgrounds, seemed due to the lack of special attention to such applicants in school policies and procedures (assuming that their academic credentials and other characteristics were not substantially different). Two schools which had specific goals to admit students planning primary care careers in underserved areas were successful in accepting more than half of their applicants with such plans.

C. Nonmatriculation Factors

Comparison of the characteristics of the 3.2 percent of acceptees who did *not* matriculate and of the 96.8 percent who did matriculate revealed that, on the average, nonmatriculants were slightly older, with higher quantitative aptitudes, and from more competitive undergraduate institutions. Three groups constituted greater proportions of the nonmatriculants than they did of the matriculants: (1) women, (2) those interested in either research and/or teaching or in a combination of research/teaching with specialty practice or in "other" careers and (3) those interested in the basic medical sciences, pediatrics, psychiatry, public health, or "other" specialties. Nonmatriculants were from lower socioeconomic backgrounds and a smaller proportion of their fathers were physicians.

Career indecision and financial status may be the important factors in nonmatriculation. Nonmatriculant women may have been less confident of the appropriateness of the physician role for themselves in comparison to traditionally-feminine roles, while nonmatriculants with research-oriented interests may have opted for careers devoted wholly to research/teaching by enrolling for graduate study in the disciplines of their interest. In the face of career indecision and the rising cost of medical school, lower economic status may have been the precipitating factor in nonmatriculation.

NOTES

1. Carnegie Council on Policy Studies in Higher Education, *Selective Admissions in Higher Education* San Francisco: Jossey-Bass Publishers, 1977), p. 12.

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APPENDIX A

OBJECTIVES AND GOALS OF MEDICAL SCHOOLS AS STATED IN *MEDICAL SCHOOL ADMISSION REQUIREMENTS, 1978–79*

APPENDIX A

Objectives and Goals of Medical Schools as Stated in *Medical School Admission Requirements, 1978–79* [1]

South Alabama: "The philosophy of the institution is to utilize the resources which currently exist and which provide opportunities for almost all of the experiences in clinical medicine. After acquiring a sound basis in scientific medicine, students then have the opportunity to select multiple tracks of study." (page 78)

Arizona: "Upon graduation the physician is equipped to continue his study of medicine in family or specialty practice, teaching, or research." (page 80)

UC-Davis: "The curriculum is designed to provide an opportunity for the student to learn significant facts and principles, to develop habits of inquiry and self-discipline of continuing education, and to provide the setting for the refinement of skills and judgment necessary to apply scientific knowledge toward solving the problems of health and disease." (page 84)

UC-Irvine: "The core curriculum provides that body of knowledge and skills considered requisite for all those receiving the M.D. degree, regardless of their specific future career choices." (page 86)

UC-Los Angeles: "A new and innovative course has been designed to provide opportunities early in the first year to learn about personal, social, institutional, political, and economic factors that influence the doctor-patient relationship.

The fourth year is elective and designed to give students a solid foundation on which to build as well as fulfill their personal interest and educational advantage in securing the clinical training calculated to best prepare them for post-medical school." (page 88)

UC-San Diego: "The goal of the medical curriculum and faculty-student interactions is to develop critical, objective, conscientious physicians prepared for changing conditions of medical practice and continuing self-education." (page 90)

Loma Linda: "Objectives of the School of Medicine are to provide the student a solid foundation of medical knowledge, to assist him in the attainment of professional skills, and to motivate investigative curiosity and a desire to participate in the advancement of knowledge. The school endeavors to reinforce interest in the practical application of Christian principles through service to mankind . . . In keeping with the educational philosophy of the School of Medicine, students are encouraged to plan for postgraduate activity in the form of medical residencies and research." (page 94)

Stanford: "A flexible curriculum is offered for the M.D. candidate. Students develop study plans that take into consideration their academic background, particular strengths, and career objectives." (page 98)

Colorado: "The curriculum is under constant study and is frequently revised to meet the changing needs in medical education. Students participate actively in this revision." (page 100)

Yale: "The Yale program of medical education is designed to afford the intelligent, motivated student an opportunity to study the basic medical sciences and clinical medicine at the graduate level . . . The Committee on Admission in general seeks to admit students who best suit the philosophies and goals of the school, which include providing an education in the scholarly and humane aspects of medicine and fostering the development of leaders who will advance medical practice and knowledge. It also seeks to ensure an adequate representation of women and minority groups and a diversity of interests and backgrounds." (page 104)

George Washington: "The curriculum offers a comprehensive medical education while permitting substantial pursuit of individual interests through elective work available after the first semester.

Graduates are well qualified to continue their education in any field of medicine." (page 108)

Howard: "The curriculum is designed to provide a firm basis for the science and art of medicine and has been modified to provide more effective integration of basic science concepts, clinical application, and research." (page 110)

Florida: "The curriculum provides the student with many opportunities for individual initiative and choice, with an early experience in clinical medicine, and with an opportunity for extensive involvement in community health programs." (page 112)

Miami: "The curriculum is continually under study, and its goal is to create a framework of medical education in which students may function to the best of their abilities and interests and to educate men and women to be physicians of knowledge and compassion." (page 114)

South Florida: "The curriculum has been designed for flexibility with emphasis on the training and education of the practicing physician." (page 116)

Emory: "The curriculum is intended to lay a comprehensive foundation for a career in practice, teaching and research, or other medical work." (page 118)

Chicago Pritzker: "The medical school provides a program of studies designed to prepare its graduates for distinguished careers in medicine. Emphasis is placed upon the scientific basis of medicine and on skillful application of scientific principles to human problems." (page 124)

Chicago Medical: "There is an interface between basic and clinical work starting in the first year and continuing until graduation." (page 126)

Illinois: "Multiple new curricula pathways are available in the reorganized College of Medicine." (page 128)

Loyola: "The thrust of the program is towards meeting the needs of all Illinois residents for health care, the problem of health manpower distribution, and equality of opportunity to embark on a career in medicine regardless of socioeconomic background or other disadvantages." (page 130)

Northwestern: "The stated goal of Northwestern University Medical School is to graduate men and women well grounded clinically and sufficiently informed scientifically to grasp fundamental data related to disease in man. They should know how these data are generated and be able to convert them to usable facts in the office or at the bedside." (page 132)

Rush: "Development of a sense of responsibility for the welfare of one's patients remains the most important stimulus to achieving the highest level of professional performance. The Rush faculty strives to provide educational opportunities and to create an environment which fosters an ability to meet these responsibilities with competence and compassion." (page 134)

Southern Illinois: "The intent is that the learning experience itself demonstrates to the student the interrelationship of his studies in the basic sciences and clinical medicine.

Admission is restricted to legal residents of Illinois who have the intention to practice medicine in Illinois." (page 136)

Kansas: "A major curriculum revision is being implemented at the University of Kansas School of Medicine to allow students greater flexibility in planning individual programs. With this flexible program, it will be possible for those students who are qualified to enter the accelerated program to complete work for the M.D. degree in three calendar years." (page 142)

Kentucky: "A major objective of the College of Medicine is to prepare students who will be well grounded in the sciences and the art of medicine and, after further training, capable of engaging in the practice of general medicine or any of its specialties." (page 144)

LSU-New Orleans: "Although major emphasis is placed on training primary care physicians (family practice), opportunity for research and other specialized training is furnished." (page 148)

Johns Hopkins: "The primary aim of the School of Medicine is to train medical practitioners. Howe er,

Johns Hopkins has fostered from its beginning the development of medical teachers and investigators in both clinical and preclinical fields." (page 154)

Uniformed Services: "The school's charter is to provide a comprehensive education in medicine to select young men and women who demonstrate potential for, and commitment to, careers as medical corps officers in the uniformed services." (page 158)

Boston: "The curriculum provides the opportunity to study medicine in a flexible environment that stimulates a spirit of critical inquiry and provides sound knowledge in the biological, social and behavioral sciences in order to deal with human disease." (page 160)

Harvard: "The curriculum is flexible and is designed to take advantage of the great variety of interests, educational backgrounds, and career goals presented by a diverse and talented student body." (page 162)

Tufts: "The medical school curriculum has been designed to provide a sound foundation in basic science and in clinical experience, both equally necessary for the multiple career choices now open to students of medicine and to accommodate the increasing variety of backgrounds of incoming students." (page 166)

Michigan State: "The College of Human Medicine was established by the state of Michigan in an effort to produce more practicing physicians, and the educational environment at the college has been designed to meet this goal." (page 168)

Michigan: "The curriculum is designed to provide the medical science and clinical background necessary for all physicians." (page 170)

Minnesota-Duluth: "The two-year curriculum is designed to prepare students for future medical practice through instruction in basic, clinical, and behavioral sciences." (page 176)

Missouri-Kansas City: "The fundamental objective of the School of Medicine is to prepare physicians who are committed to providing comprehensive health care." (page 184)

Saint Louis: "It is felt that the new curriculum prepares the future physician adequately for a lifetime of learning in his professional field, whether it be research, general or specialty practice, or academic medicine." (page 186)

Washington-St. Louis: "The school emphasizes the scientific basis of medicine in all aspects of its preclinical and clinical curriculum. Thoughtful and serious consideration is also given to the emotional, social, and cultural characteristics of patients and to the necessity of adapting medical care to meet their needs." (page 188)

Nebraska: "The goal of the College of Medicine is to provide a sound basis for the science and practice of medicine in support of a career in practice, teaching, research, or administration." (page 192)

Nevada: "The University of Nevada School of Medical Sciences was established in 1969 by an act of the Nevada state legislature as the cornerstone of a university-wide, interdisciplinary health sciences program . . . The curriculum is a clinically oriented interdisciplinary approach to the learning of the biomedical and behavioral sciences basic to medicine. It is equivalent to the first two years of learning experiences provided by accredited medical schools in the United States." (page 194)

Dartmouth: "The present three-year curriculum is being reviewed, and substantive changes are anticipated. The new curriculum will continue to provide full training for the M.D. degree." (page 196)

Rutgers: "The curriculum in the first two years is largely traditional, permitting students who decide to transfer to adapt readily to the third-year programs in other medical schools." (page 200)

Einstein: "Throughout the entire medical curriculum, instruction is based on concepts of integration and correlation designed to emphasize the interrelationships of disciplines in their application to the understanding of the patient as a total personality." (page 206)

Columbia: "The first portion of the curriculum (three years) provides information and experiences considered essential for all physicians, regardless of their ultimate area of specialization. Admission is

offered to those applicants exhibiting the greatest promise of becoming competent physicians." (page 208)

Mount Sinai: "The curriculum of the School of Medicine represents a philosophy balancing the educational needs of the physician and integrating quantitative biology with clinical medicine . . . The objective of the School of Medicine is to provide a climate that will stimulate individual development in research and clinical skills, emphasize creativity, strengthen a desire to extend the learning process for the entire life cycle, and foster the dedication of medical knowledge for the benefit of all." (page 212)

N.Y.U.: "The curriculum attempts to create a mechanism whereby a student can mature through the interplay of scholarly forces linking faculty and student body." (page 216)

North Carolina: "The curriculum makes possible individual programs which take into account the varying abilities, backgrounds, and career goals of medical students." (page 232)

SUNY-Buffalo: "The curriculum has been designed around a flexible core and an elective program which allows students a large degree of freedom and responsibility for planning their own education." (page 220)

Duke: "The rapid expansion of medical knowledge coupled with the widening range of student interests and talents has led to a major revision of the curriculum to provide the needed flexibility." (page 230)

North Dakota: "The School of Medicine was established in 1905 as a basic medical science school offering the first two years of medical education . . . Since the outset, students have transferred to degree-granting medical schools elsewhere to complete their medical education. This process became so increasingly uncertain that in 1973 legislative action created an expanded curriculum known as the 2:1:1 plan.

The 2:1:1 plan emphasizes the training of primary care physicians and consists of freshman and sophomore years at UND, the junior year at the University of Minnesota Medical School or Mayo Medical School, and the final year back in North Dakota for elective clerkships at community hospitals within the state. The M.D. degree is granted from UND School of Medicine." (page 234)

Case Western: "Major emphasis has been placed on creating an environment which encourages the student to take initiative and responsibility in self-education. Continuous revisions of the educational program are made on the basis of experience and new goals." (page 236)

Medical College of Ohio: "All teaching is geared to aid the medical student in developing an understanding of the human being living with the physical and emotional stresses of the twentieth century." (page 240)

Wright State: "The fundamental objective of the medical school is the education of primary care physicians, and its curricular design has been directed toward this end." (page 244)

Oklahoma: "A carefully developed core curriculum provides the general background of the principles common to all aspects of the medical sciences. Elective time is available throughout the four years to allow a deeper study of any of the facets of medicine or for the acquisition of the broad base of skills essential for family practice." (page 246)

Oregon: "The School of Medicine provides educational programs for medical students, nurses, graduate students in basic medical sciences, and residents and interns as well as programs for radiologic technologists, medical technologists, and dietitians. An extensive postgraduate program exists." (page 248)

Hahnemann: "Hahnemann Medical College offers a unique curriculum designed to provide a basic correlated understanding of medical science and to provide for development within the field of medicine." (page 250)

Jefferson: "The goals of the curriculum are to provide students with an identical core curriculum that contains the sine qua non for the M.D. degree; with intermediate and advanced curriculum opportunities to prepare them in some depth in one of the various areas of basic or clinical medicine; and with a humanistic approach to the care and treatment of people with medical problems." (page 252)

Medical College of Pennsylvania: "The Women's Medical College of Pennsylvania was founded in 1850 by a group of male physicians to afford women an opportunity to study medicine. In 1970 men were first admitted to the institution, and shortly thereafter the name was changed . . . The curriculum is designed to provide a thorough knowledge of the basic sciences with attention to the correlation of such material with the clinical sciences." (page 254)

Pennsylvania: "The curriculum is designed to prepare students for a variety of careers in medicine." (page 258)

Pittsburgh: "The faculty of the School of Medicine has developed a flexible curriculum to meet the needs of contemporary medical education. It provides for a close relationship between the basic sciences and the clinical subjects to make both more meaningful to the student." (page 260)

Temple: "The curriculum aims to prepare the students for graduate medical education by providing them with a background of basic factual knowledge, a command of the language of biomedical science, a mastery of the skills necessary for clinical problem-solving and therapy, and a habit of continued self-education." (page 262)

Brown: "The program is structured on the conviction that the conventionally separate premedical, preclinical, and clinical phases of medical education can be presented more effectively as a seven-year continuum." (page 264)

South Carolina: "The School of Medicine offers a program of study designed to provide education and training in the art and science of the practice of medicine. A variety of opportunities and an array of choices will be presented to each student which may lead them to differing careers within the field of medicine, such as family practice, specialization, academic medicine, clinical research, or research in any of the biomedical sciences." (page 268)

South Dakota: "The primary objective of the medical school is the training of family practice physicians for South Dakota." (page 270)

Meharry: "Meharry places considerable emphasis upon keeping a meaningful partnership with the community in delivery of health care, education, and research." (page 272)

Tennessee: "The course of study at the University of Tennessee College of Medicine is designed to develop knowledge, skills, and attitudes appropriate to all doctors of medicine. It is sufficiently broad to allow the graduates to enter any of the several kinds of graduate training programs designed for primary care specialties, medical and surgical specialties, or research and academic pursuits." (page 274)

Vanderbilt: "Medical education at Vanderbilt is oriented toward promoting the maximum intellectual development of students and equipping them with the disciplined approach, knowledge, and skill required of both a physician and scientist. The curriculum provides the student with a fundamental knowledge of basic medical principles, but flexibility is stressed to allow educational development toward a chosen career emphasis." (page 276)

Baylor: "The goal of Baylor College of Medicine is to provide a firm foundation in the basic and clinical medical sciences which will enable students to pursue whatever type of professional activity they desire as physicians and upon which they may build during the remainder of their professional life." (page 278)

Texas Tech: "The School of Medicine has adopted a four-year curriculum . . . The senior year emphasizes family practice but allows 20 weeks of elective time." (page 282)

Texas-Dallas: "The purpose of the program at Southwestern is to produce physicians who will be inspired to maintain lifelong medical scholarship and who will apply the knowledge gained in a responsible and sympathetic way to the care of patients.

The faculty and staff are keenly aware of the responsibility of the institution to serve the people not only in producing physicians of excellence and humanity but also in acquiring new knowledge." (page 284)

Texas-Galveston: "The curriculum is sufficiently flexible to permit concentration in a given specialty during the fourth year or to permit diversity in accordance with the career goals of the student." (page 286)

Texas-Houston: "In consultation with a Faculty Advisory Group, each student devises an educational sequence that relates specifically to ultimate career goals and postgraduate educational plans." (page 288)

Utah: "The undergraduate medical curriculum has been designed to offer a mixture of required, selective, and elective courses. This mixture allows each student to acquire a basic knowledge while being able to pursue individual interests." (page 292)

Vermont: "The College of Medicine recognizes a need in society today for family practitioners, clinical specialists, and teacher-investigators. It has geared its curriculum to foster concern for this need and to encourage its students to move toward one of these areas after receiving a general grounding in the basic sciences and medical practice." (page 294)

Eastern Virginia: "Created by a state chartered authority but privately founded and financed, EVMS was established in response to the desire of the community to improve the quality of health care and extend the beneficial influence of a university health science center throughout the entire eastern area of Virginia. The role of the physician in providing primary care is emphasized.

The curriculum is a three-year program designed to meet the primary goal of preparing physicians for the compassionate and scientific practice of medicine." (page 296)

Washington: "The curriculum is flexible, involving choices of electives, types and sites of study, and defined career pathways. One aspect of the curriculum is the WAMI program in decentralized medical education." (page 302)

West Virginia: "The educational program of the School of Medicine is designed to provide students with a foundation upon which they can base further preparation for any branch of medicine, specifically including general practice, specialty practice, teaching, research, or a combination of these career objectives." (page 304)

Medical College of Wisconsin: "The educational objective of the Medical College of Wisconsin is to give students the opportunity to acquire basic information and to aid them to think critically about human biology, medicine, and personal and community health." (page 306)

Wisconsin: "The educational and research programs have been developed to educate physicians qualified to undertake any career in medicine." (page 308)

NOTES

1. This edition of *MSAR* was utilized for examining goals and objectives since it was the most recent edition available at the time this study was conducted (it was published in 1977) and the examination was to detail the projected goals of the medical schools for the balance of the 1970's.

APPENDIX B

Scaling of Variables in the Statistical Analyses

Variables	Examination of Differences Analyses		Regression Analysis
	National	Institutional	
1. Sex	0. Male 1. Female	Same	* Same
2. Age at Matriculation	In years	Not included	Same as in national analysis
3. Racial/Ethnic Identity	1. Afro-American/Black 2. American Indian 3. Asian-American/ Oriental 4. Caucasian-American/ White and No Response† 5. Hispanic-American 6. Other	1. Underrepresented Minority (Black, American Indian and Hispanic) 2. Other minority (Asian, Other)	* Same as in institutional analysis
4. MCAT-Verbal MCAT-Quantitative MCAT-General Information MCAT-Science	Possible scores range from 200 to 800	Not included	Same as in national analysis ǂ Not included § Not included Same as in national analysis
5. Cumulative Premedical GPA	Possible scores range from 0.0 to 4.0	Not included	Same as in national analysis
6. †Undergraduate College Selectivity	Possible scores range from 0 (not-competitive) to 9 (most competitive)	Not included	Same as in national analysis

* In order to obtain the metric data needed for regression analysis, the data of the 7 nominally-categorized variables indicated with an asterisk (*) were converted into "dummy variables." That is, a dichotomized variable was created for individual (or combinations of) categories of the original variable such that a subject is coded "yes" on one and "no" on all of the remaining created/"dummy" variables pertaining to the original variable. This not uncommon procedure artificially creates a continuum of values from 0 to 1 for each dummy variable, though the only two values actually assigned are the two extreme values, 0 and 1. The racial/ethnic identity variable was converted into 3 dummy variables (a. underrepresented minority, b. other minority and c. all other) such that a black applicant would have a score of 1 on the "underrepresented minority" dummy variable, 0 on the "other minority" and 0 on the "all other" dummy variables. The latter category, "all other," though not indicated in the above table is "understood" as a dummy for each of the 7 variables which were thus restructured.

† From Barron's Profiles of American Colleges, 10th ed. (Woodbury, N.Y.: Barron's Educational Series, Inc., 1972).

‡ The format in which the data on racial/ethnic identity were collected was designed primarily to determine eligibility for the Medical Minority Applicant Registry (Med-MAR); therefore majority or Caucasian-American/White applicants would more often have failed to respond than minority applicants. This likelihood is borne out by the published data on applicant characteristics. On the basis of the foregoing, the data of white and non-respondent applicants were combined.

ǂ Not included because of high correlation with MCAT-Science.

§ Not included because of high correlation with MCAT-Verbal.

APPENDIX B (continued)

Variables	Examination of Differences Analyses		Regression Analysis
	National	Institutional	
7. Parental Gross Annual Income	1. Less than $5,000 2. $5,000 - $9,999 3. $10,000 - $14,999 4. $15,000 - $19,999 5. $20,000 or more	1. Less than $10,000 2. $10,000 - $14,999	Same as in national analysis
8. Father's Education	1. Eighth grade or less 2. Some high school 3. Completed high school 4. Specialized technical training 5. Some college 6. Completed college 7. Graduate or professional school	Not included	Not included because of high correlation with (7) Parental Gross Annual Income
9. Mother's Education		Same as Father's Education	
10. Father's Occupation	1. Physician 2. Other health professional 3. Other professional 4. Owner/manager 5. Clerical/sales 6. Craftsman 7. Unskilled 8. Farmer/manager 9. Homemaker 10. Other	Not included	* 1. Physician 2. Other health professional 3. Other professional
11. Mother's Occupation	Same as Father's Occupation	Not included	* 1. Physician 2. All other paid employment
12. Medical Career Plans	1. General practice 2. Specialty practice 3. Research and/or teaching 4. Combination of 2 & 3 5. Other 6. Undecided	1. General practice	* 1. General practice 2. Specialty practice 3. Research and/or teaching 4. Combination of 2 & 3

* See footnote on page B.1 for construction of dummy variables.

APPENDIX B (continued)

Variables	Examination of Differences Analyses		Regression Analysis
	National	Institutional	
13. Specialization Plans	1. Basic medical sciences 2. Family practice 3. Internal medicine 4. Obstetrics/gynecology 5. Pediatrics 6. Psychiatry 7. Public health 8. Surgery and specialties 9. Other specialty 10. Plan to specialize (specialty undecided) 11. Do not plan to specialize 12. Undecided	1. General practice: Family practice, Do not plan to specialize 2. Other primary care specialties: Internal medicine, obstetrics/gynecology and pediatrics	* 1. No-patient services specialties: Basic medical sciences, Public health † 2. General practice: Family practice, Do not plan to specialize - Not Included 3. Other primary care specialties: Internal medicine, obstetrics/gynecology, pediatrics 4. Other specialties: psychiatry, surgery, other specialty, plan to specialize (specialty undecided)
14. Practice Location Plans (Available for 1976 applicants only)	1. Small town 2. Small city 3. Moderate-sized city 4. Suburb of a large city 5. Large city	Same as in national analysis	* 1. Small town
15. Location of Precollege Years (Available for 1976 applicants only)	1. Farm 2. Small town 3. Small city 4. Moderate-sized city 5. Suburb of a large city 6. Large city 7. No response	Same as in national analysis	* 1. Rural background: Farm, small town
16. Repeat Applicant	0. First-time 1. Repeat	Same	Same

* See footnote on page B.1 for construction of dummy variables.

+ Not included because of high correlation with "General Practice" category of variable 12 (Medical Career Plans).

Variables	Examination of Differences Analyses: National	Examination of Differences Analyses: Institutional	Regression Analysis
17. Educational Level at Application (Available for 1976 applicants only)	1. High school graduate 2. College freshman or sophomore 3. College junior 4. College senior or less than one-year graduate 5. One-year graduate 6. Two-year graduate 7. Three or more years graduate	Not included	Not included because of high correlation with (2) Age at Matriculation
18. Medical School Entering Class Year to Which Applied	0. 1973-74 entering class 1. 1976-77 entering class	Not included	Not included since this analysis was based on the data of applicants to the 1976-77 entering class for the reasons given on p.
19. Number of Medical Schools to Which Applied	Ranged from 1 to 108	Not included	Not included because of expected high correlation with (25) Number of Medical Schools by Which Accepted and with (27) Applicant Acceptability Index
20. Mean Selectivity of Medical Schools to Which Applied	Selectivity of each school is a statistical factor derived from: (1) mean MCAT scores of 1973-74 first year students (2) percent of first-year students with premed GPA=A (3) percent of all students from out-of-state (4) effect of career intent on admission decision (see Cuca, 1977); Ranged from +2.306464 to -3.852392	Not included	
21. Applied to a Medical School Located in State of Legal Residence (or Which Gives Preference to Residents of Applicant's State)	0. No, only out-of-state 1. Yes	Not included	Same as in national analysis

APPENDIX B (continued)

Variables	Examination of Differences Analyses		Regression Analysis
	National	Institutional	
22. Number of Openings in Medical Schools in State (or Which Give Preference to Residents of State) in Class Year to Which Applied	Ranged from 20 to 1,616	Not included	Not included because of high correlation with (23) Percent of In-state Openings in Public Schools and with (24) Ratio of In-state Applicants to Openings
23. Percent of In-State Openings (22 above) Which Were in Publicly-Supported Schools, in Class Year to Which Applied	Ranged from 0 to 100 percent	Not included	Not included because of high correlation with (22) Number of In-state Openings and with (24) Ratio of In-state Applicants to Openings
24. Ratio of In-State Applicants to Openings in Public Medical Schools	Ranged from 0.44 to 12.04	Not included	Same as in national analysis
25. Number of Medical Schools by Which Accepted	Ranged from 0 to 13	Not included	Same as in national analysis
26. Mean Selectivity of Medical Schools by Which Accepted	See item 20 above for description of selectivity	Not included	Not included because of high correlation with (27) Applicant Acceptability Index
27. Applicant Acceptability Index	For acceptees: the selectivity of the most selective school accepted by For rejectees: the selectivity of the least selective school rejected by	Not included	Same as in national analysis

APPENDIX C

A CASE STUDY OF THE 1976-77 ADMISSION PROCESS

APPENDIX C.1

Report of A Case-Study of the 1976–77 Admission Process

by Arlene Lishinsky and Janet Cuca

This case-study subanalysis was conducted in an attempt to determine whether the admission process at any of the medical schools could be regarded as a prototype for the successful admission of greater proportions of students from underrepresented groups and/or with practice intentions in primary care and/or in under-served areas. Review of published information regarding admission at the various medical schools plus expert knowledge of different admission processes led to the conclusion that there are more similarities than differences among medical schools in the mechanics of their admission processes. Therefore, this case-study attempted to provide a description of innovative developments in medical school admission by focusing on eight schools which differed significantly in certain aspects of either their processing procedures or the thrust of their programs. Selection of the schools is described in greater detail below.

This analysis will describe the following aspects of admission at these schools for their first-year classes entering in 1976–77: goals; recruitment; admission committee characteristics; mechanics of admission and its three phases: the initial screening phase, the interview phase and the final decision phase; and results of the admission process. A questionnaire covering the foregoing areas (see Appendix C.2) was developed by AAMC staff and was completed by the associate or assistant dean at three schools, the director or coordinator of admission at three schools, the admission committee secretary at one school, and the chairperson for the medical scientist subcommittee at one school. The participating schools have reviewed this analysis prior to its release.

Selection of Schools

Half of the schools selected were chosen because of a particular feature of their admission process: a computer matching system (1), use of personal evaluations in lieu of required interviews; provision of a second application for minority and/or disadvantaged applicants; and no requirement that applicants take the MCAT. Another two schools were chosen because of their particular medical programs: a six-year combined B.S./M.D. program admitting students directly from high school and a Medical Scientist Training Program (2). The remaining two schools were selected in part because the stated goals of their programs are to produce primary care physicians (3).

In the selection of the schools, an attempt was made to obtain a group which was reasonably representative both relative to geographic location (Schools 2 and 6 are in the East; Schools 1 and 8 in the South; Schools 3, 4 and 5 in the Midwest; School 7 in the West) and to institutional control (Schools 1, 3, 4, 5, 7, and 8 are public; Schools 2 and 6 are private). Analysis of the schools' admission processes took into consideration, where relevant, the goals of increased representation of minorities, women and low-income students and modification of the geographical and specialty distributions of medical graduates.

Goals of Admission Processes

Four schools (Schools 1, 3, 4 and 5) explicitly stated that the objectives/goals of their admission process included the acceptance of students with either specific career plans or particular demographic characteristics. Schools 4 and 5 specified that they sought to provide medical education to those groups underrepresented in medicine. In addition, Schools 1 and 4 sought students who by background and attitude showed a propensity for eventual primary care practice in underserved areas, while School 7 sought to admit individuals who "helped meet the broad personnel .... needs of modern medicine."

Whereas Schools 1 and 4 are in the process of collecting data to evaluate the extent of their success in achieving these goals, School 5 has been collecting such data for several years. School 5 reported that it had offered more acceptances to female, black and non-metropolitan applicants to its 1975–76 entering

class than it had in previous years. None of the schools attempted to predict formally an applicant's eventual specialty and/or practice location (although School 5 is studying those choices made by its graduates).

Schools 5, 6 and 7 stated that, by selecting students with demonstrated cognitive and/or non-cognitive achievement, they, in effect, used their admission process as a predictor of the acceptee's medical school success. Schools 5 and 6 determined the accuracy of their "predictions" of success: the former by a statistical correlation of selection variables and performance measures; the latter by a "non-statistical correlation" of the numerical rating assigned during the admission process to the student's "success in completion of medical school."

Recruitment

Although some schools did not state explicitly any goals for the admission of students with particular demographic characteristics and/or specific career plans, their recruitment activities implicitly indicated such objectives. Six schools (Schools 1, 2, 3, 5, 7 and 8) attempted to recruit minority students. Schools 1, 5 and 8 also directed recruitment activities toward applicants with rural backgrounds, and Schools 1 and 5 aimed such activities at potential primary care physicians, as well. Recruitment activities targeted at these students included visits to undergraduate colleges and personal contacts with premedical advisors. Only two of the schools surveyed (Schools 3 and 8) used the AAMC's Medical Minority Applicant Registry (Med-MAR).

At five of the six public schools surveyed, recruitment activities were multifaceted. Career days directed toward students, special promotional institutional catalogs describing programs offered, and premedical advisor programs were all utilized extensively. The premedical advisors' programs varied among the schools from periodic meetings to annual orientation workshops. The recruitment activities of both private schools (Schools 2 and 6) and of School 4 were limited mainly to premedical advisor programs, although Schools 2 and 4 issued promotional publications besides their regular catalogs. Recruitment for the medical scientist program at School 2 was aimed primarily at students in undergraduate programs at the two participating institutions and consisted of identifying promising students and informing them of the existence of the program.

Seven schools (all except School 5) charged application fees, which ranged from 0 to $55. Those schools which charged fees to all applicants (Schools 2, 6, and 8) had somewhat higher fees than did schools which charged fees only to selected applicants, i.e., those applicants requested to file supplementary material, those applicants invited for interview and/or those applicants subsequently admitted. Five schools (Schools 2, 3, 6, 7 and 8) had provisions for fee waivers for financially needy applicants.

Admission Committee Characteristics

The admission committees which selected the 1976–77 entrants to these eight schools differed appreciably on many characteristics, although in regards to their chairmen and committee member terms of office, they were somewhat similar. With the exception of School 7 which had a 70 member committee, the committees had an average of 15 members (the range was from 11 to 17). At six schools the terms of committee membership were fixed: Schools 1, 3, and 7 had renewable one-year terms, while School 8 had two-year terms, School 4 three-year terms and School 5 five-year terms. Committee members at all schools had served an average of 2.0 years at the beginning of the 1976–77 admission cycle (the range was from 0.7 years at School 8 to 5.1 years at School 6). Generally, the committee chairperson held the position for an indefinite period of time (6 schools), was an M.D. (6 schools), was from a clinical department (6 schools) and devoted approximately 50 percent of his/her time to admission activities (5 schools).

Differences among the eight schools were greatest in the demographic characteristics of their committee members. Specifically, at School 6, 85.7 percent of admission committee members were male, whereas at School 1, only 58.8 percent were male; all committee members at Schools 6 and 3 were Caucasian/white whereas only 50.7 percent at School 7 were Caucasian/white. In general, schools which had higher proportions of female admission committee members had higher proportions of non-white members, as well.

In addition to medical school faculty and students, Schools 1, 4, 5 and 7 selected admission committee members from a wide variety of professional affiliations, including medical school administrators, other university faculty, non-faculty

physicians, community members and hospital housestaff. In fact, at each of these four schools less than 60 percent of the admission committee members were medical school faculty while the percent of all committee members with medical school affiliation was only 65 percent. In contrast, Schools 2, 3, 6 and 8 drew their admission committee members entirely from the medical school itself. Generally, schools with diverse committee member affiliations were the same schools which had more female and more non-white committee members. At all schools, the majority of the medical school faculty committee members were from the clinical departments (over 69.2 percent). Schools 6 and 8 were the only schools with no student representatives on their admission committees.

At the six schools whose admission committees included student representatives, the median age of committee members ranged from 39.8 years (at School 7) to 46.2 years (at School 5), a span of only 6.4 years. However, excluding student members, the median age of commmittee members at *all* eight schools spanned 11.1 years, from 38.4 years (at School 8) to 49.5 years (at School 6). The two schools which had no student representatives had both the lowest and the highest median ages, respectively, among all schools.

School 7 was the only school which divided its admission committee into sub-committees which were given responsibility throughout the admission process for the particular applications which they reviewed. Four subcommittees were created and each had responsibility for filling a specified number of first-year openings. School 4 had a special subcommittee which reviewed only letters of recommendation.

The Mechanics of Admission

At seven of the schools the admission process was comprised of three major phases: (a) an initial screening phase, (b) an interviewing phase and (c) a final decision phase. The exception was School 1 (an undergraduate institution) where periodic evaluations of students were conducted throughout their last 2 or 3 years of premedical education to select students for admission to the medical school with which it is affiliated. At two of the schools the screening phase was subdivided into two stages and at another two schools the final selection phase was similarly subdivided. The logistics of admission differed significantly at School 3 where the full committee reviewed applications throughout the admission cycle and where no applicants were interviewed for selection purposes.

a. Initial Screening: The initial screening phase focused on either the AMCAS application (Schools 3, 4 and 7 used the AMCAS form; School 1 required it after the student secured medical school admission from the basic sciences program) or on a school application (for Schools 2, 5 and 6 and 8 which did not participate in AMCAS). Schools 1 and 3 each designated an admission subcommittee to complete this initial review; at School 8, the clerical staff completed it; at both Schools 2 and 5, a team of two committee members screened the applications; at Schools 4 and 7, the committee members were aided by the clerical staff; and at School 6 the members were assisted by one "special" staff member.

Academic performance was particularly crucial at this initial stage of application evaluation. MCAT scores were considered in their entirety by all schools except the school which did not require this test, the school which selected students directly from high school, and the school which considered only the MCAT Science subtest score. All schools evaluated premedical performance in terms of either GPA's (5 schools) and/or individual course grades (4 schools). Schools 3, 6 and 8 tempered such reliance on numerical indicators with scrutiny of the applicant's pattern of academic performance. Consideration was also given to course content/level (Schools 2, 3 and 8) and to the particular undergraduate institution attended (Schools 2, 3, 7 and 8).

Non-cognitive factors considered in the initial phase included state-residency (5 schools), extra-curricular activities (4 schools), and independent research (2 schools). Seven schools required and reviewed letters of recommendation although one of these, School 7 (one of the two schools with a two-stage screening phase), considered letters of recommendation in its second stage of screening. Five schools reviewed student statements detailing biographical information and/or interests and plans. School 8, the other school with a two-stage screening phase, considered these statements in its second stage of screening.

To facilitate evaluation during this initial screening phase, Schools 1, 3, 7 and 8 constructed a summary worksheet for each applicant which listed pertinent personal and academic information. School 7 along with Schools 2, 4 and 5, which did not utilize summary worksheets, assigned numerical scores to

cognitive and non-cognitive factors and retained for further consideration those applicants whose total scores exceeded the predetermined cut-off levels. School 7 also retained for further consideration those applications with low scores but which were deemed by individual screeners to have "strength" not reflected in the "numbers". Although Schools 1 and 8 had no specific cut-off levels, they reported that academic factors were the most significant factors in determining whether an applicant remained in the pool. At the school which did not require the MCAT, grades, recommendations and the student's statement determined the viability of his/her status. Only School 5 depended almost exclusively on academic qualifications at this phase. However, at School 5 admission committee members interviewed all minority and rural applicants as well as all children of physicians even though their academic records placed them below the predetermined cut-off level. (After interviewing, two committee members again reviewed the academic records of these students to determine the viability of their applications.)

Rather than separate admission process phases, School 3's process involved a continuous cycle in which all selection criteria were reviewed simultaneously. Because it was felt that "the selection interview (which is) aimed at a global assessment of an applicant's personal characteristics was too subjective to be of real value," School 3 instead required each applicant to secure evaluations from three persons with in-depth knowledge of the applicant's abilities. The evaluators were instructed to rate numerically the applicant's abilities and character on 21 variables reflecting "qualities which a large segment of the population agree are characteristics they look for in a superior physician." Applications for which at least two of these evaluations had been received were scanned by the coordinator of admission who immediately referred those which appeared outstanding to the Screening Subcommittee. Those referred applications for which the Screening Committee reached a unanimous decision were then forwarded to the Admission Committee, meeting in full session, to determine early acceptance status. (School 3 also participated in the AAMC Early Decision Plan program.)

Other applicants to School 3 who appeared to be either exceptionally well-qualified or extremely unqualified were also reviewed by each of the above committees to determine admission status through the regular admission cycle. In both cases, i.e., early or regular admission cycle, a majority vote was required on all final actions of the Admission Committee. To fill remaining positions, both committees, again in full session, considered the applications of those qualified applicants which had not yet been reviewed as well as those of applicants for whom an earlier Committee vote had not been final. Applications for which the Committee decisions were not final were referred back to each Screening Committee member for ranking. Applications in the upper half of the resulting pool were ranked by each member of the Admission Committee, with those receiving the highest ratings being selected for admission. Each of the applications in the bottom half of the pool were acted upon by the Admission Committee meeting in full session, rather than by individual committee-member review and ranking.

Regardless of their academic credentials, School 8 gave in-depth consideration to all minority applicants. Schools 3, 6 and 7 used special procedures for the review of minority applicants. A separate committee at School 3 reviewed the applications of those who wished to be considered as disadvantaged applicants from groups underrepresented in medicine. After initial processing by the separate minority subcommittee (which functioned in a manner similar to that of the Screening Committee), minority applications were presented, along with all other applications, to School 3's full Admission Committee. If the full Admission Committee did not reach a final decision, then minority applications were sent to either the minority subcommittee or the Screening Committee for individual rankings before being reconsidered by the full Admission Committee for a final decision. School 7's minority subcommittee, as its other three subcommittees, was responsible for the final admission decisions for the particular applicants it reviewed. At School 6, all minority applications were initially screened by three designated admission committee members, none of whom were minority.

After selection of "competitive" applicants, Schools 7 and 8 had a second screening substage during which previously reviewed selection factors were again considered, this time together with the student's biographical sketch (School 8) and letters of recommendation (School 7) to determine which applicants remained competitive. At School 8, the clerical staff and registrar were responsible for this review and used cut-offs based on academic performance and achievements, to select students for interviewing; at School 7, an experienced admission

committee member weighted the letters of recommendation and combined that score with the total score assigned during the initial screening phase to determine which applicants remained competitive.

b. Interview Phase: Except for School 3, which interviewed only upon special request, the admission process at all schools involved an interviewing phase which generally followed the initial screening phase. From 10 percent (at School 4) to 75 percent (at School 5) of all applicants were interviewed, although 100 percent of all acceptees were interviewed. Generally, the percent of applicants interviewed at a particular school was directly (but negatively) related to the total number of applications: the larger the applicant pool, the lower the percent of applicants interviewed.

Most interviews were held in the city in which the school was located, usually at the school itself. Only Schools 2 and 7 indicated that interviews were held elsewhere and these off-campus interviews were only a minor proportion of all interviews: 10 percent of School 2's interviews were held at selected locations across the country while 4 percent of School 7's interviews were held either in the applicant's city of residence or at another medical school. Applicants' interview travel expenses were rarely subsidized, although School 2 paid all of the expenses for one 1976–77 disadvantaged minority applicant and School 6 paid partial expenses for five financially-needy applicants.

Applicants generally had at least two interview sessions each and were interviewed individually by one interviewer per session. Only School 5 had some sessions with multiple interviewers and/or applicants. Interviews at Schools 1, 2 and 7 were conducted by admission committee members only; whereas, at Schools 4, 5, 6 and 8, interviews were also conducted by others, usually medical school faculty. Seven schools had student interviewers but all seven stipulated that applicants interviewed by students also had to be interviewed by at least one faculty member.

Training of interviewers in orientation workshops was conducted by Schools 4, 5, and 7. Schools 5, 7 and 8 issued written guidelines to the interviewers which provided a general content format for the information to be solicited from the applicant and, in some cases, specific sample questions. School 7's guidelines were particularly noteworthy for their comprehensiveness. The guidelines detailed the responsibilities of the interviewer, the techniques to be used and the information to be solicited in addition to describing interviewer and interviewee pitfalls, biases and anxieties. Moreover, the guidelines noted the interviewer's responsibility to provide correct information to the applicant for the latter's accurate assessment of the school. Schools 6 and 8 also stressed the responsibility of providing accurate information to applicants and utilizing the interview for recruitment.

At all schools, the major purpose of the interview was to evaluate non-cognitive factors such as personality traits, awareness and motivation. At School 8, interviewers submitted to the admission committee summary paragraphs describing the information they obtained and their assessment of the applicant. However, at all schools, interviewers rated specific areas and/or their overall impression of the candidate's acceptability on a numerical scale.

At School 5, physician-interviewers were responsible for assessment in areas different from those of non-physician interviewers, and applicants were interviewed by each. Although both interviewers were instructed to explore the applicant's interpersonal relations and perceptions of and motivations for medicine, physician interviewers also assessed the applicant's independence, ethics and social awareness, whereas non-physician interviewers also assessed the applicant's interests, experiences and self-awareness. In addition to each interviewee's ratings by the physician and non-physician interviewers, a third "personal assessment" rating was made based on references, non-academic accomplishments, work efforts, coping capability and minority and/or rural status. School 5 evaluated its interviewers by calculating the number of times the interviewer's scoring was in agreement with the scoring of the applicant's second interviewer.

c. Final Decision Phase: Prior to the admission committees' final selection meetings at Schools 1 and 5, interviewer reports and ratings were reviewed along with other selection criteria. At School 1, all committee members reviewed all information in the applicant's folder — now giving greater weight to demographic characteristics than in the previous two phases — to select applicants for further consideration. At School 6, applications reaching this stage were reviewed by two designated admission committee members who selected a small sub-group of applications for final disposition by the full committee without further individual committee member review. Applications not so selected were further reviewed by

at least two other committee members before being referred to the full committee for final disposition.

At 7 of the 8 schools, the final decision (whether to accept or to reject) was made in a meeting of the full admission committee (4). At School 7, the exception, only those applications upon which two subcommittee members could not agree were submitted to the full subcommittee for a decision. At the meetings of the full committees at Schools 2 and 5 and of the subcommittees at School 7, applicant credentials were presented by the interviewers; at Schools 1, 6 and 8, by the committee chairpersons; at School 3, by the coordinator of admissions.

The information presented to the committees and the decision procedures differed among the schools. At Schools 2 and 6, the full committees reviewed the applicant's entire folder to help reach a decision relative to admission. In this phase, School 6's committee used summary worksheets which listed the occupations of the applicant's parents, the names and department affiliations of the applicant's interviewers, the applicant's date of birth, home town, and undergraduate major, and the colleges attended, degrees received, and pertinent (mainly science) courses taken during the applicant's college career. At School 4, the interview score and the previously assigned application score determined which applicants were admitted. At School 5, only non-cognitive data were now considered. Committee members voted by ballot and applicants having the highest vote average were admitted, with an additional weighting factor being given to all minority and rural applicants receiving high vote averages. At School 1, each addition to the class had to be justified in comparison to all other applicants.

At School 8, this justification procedure was quantified through the assignment of ratings by each member of the full admission committee. The averaged committee ratings for each applicant produced a ranked applicant list which was submitted to the university's central computer matching program, since School 8 is part of a state university system. The computer matched each system-member school's preference list of students with the previously submitted applicant's ranked preference list of system and non-system schools. Applicants not matched to their first-choice school were allowed to accept tentatively any offer of acceptance from their second, third or fourth choice schools. The tentative acceptance permitted the applicant to later accept any subsequent offer from a more preferred school and, thereby, assured him/her the opportunity to be accepted by his/her most preferred school.

Results of the Admission Process

Data from MSIS on the characteristics of 1976–77 acceptees (see Appendix D) permit an evaluation of the results of the admission process at the case-study schools, though data are not separately available (and do not appear in Appendix D) for School 2's medical scientist program or School 5's combined B.S./M.D. program. School 2's data refer to students accepted into its entire first-year class and School 5's data, which were submitted with the questionnaire for this case-study, refer to some characteristics of its 1975–76 acceptees. The data which School 1 submitted for its undergraduate program are different from the MSIS data reported in Tables D-1 and D-2 for the medical school with which School 1 is affiliated though both sets of data are discussed here.

A school's under- or oversampling for acceptance of applicants with certain demographic characteristics does seem to be related to its admission policies, committee characteristics and procedures. Schools 2, 4, 5 and 7 not only accepted higher percentages of female and underrepresented minority applicants than did the other four schools, but also included higher proportions of such persons among their acceptees than were in their applicant pools. Three of these four schools (Schools 4, 5 and 7) had specific goals to increase the number of students from underrepresented groups and admission committees whose members had a variety of socio-economic, racial/ethnic and professional affiliations. Furthermore, School 7, which had a second application form for minority/disadvantaged applicants as well as a separate subcommittee to review those applications, not only had the highest percent of underrepresented minority acceptees of the 8 schools, but also had the highest percent of acceptees from "other" minority backgrounds. Although School 2's medical scientist subcommittee was not diversified and had no stated goals for increasing underrepresented acceptees, its recruitment activities were targeted at minority applicants.

Of the eight case-study schools, Schools 4 and 7 also had greater proportions of low income students (parental income less than $10,000) among their acceptees than among their applicants: 15.6 percent and 18.0 percent of such acceptees, respectively.

However, 45.9 percent of students securing medical school acceptance through School 1's undergraduate program were from "upper-lower/lower-middle" income backgrounds. All other schools for which data were available had accepted smaller proportions of low income students than were in their applicant pools (although 13.4 percent of School 2's acceptees and 12.4 percent of the acceptees at School 1's affiliate were from low income families).

In comparison to the proportions of acceptees who were female (34.5 percent to 49.0 percent) and underrepresented minority (17.4 percent to 20.8 percent) at Schools 2, 4, 5 and 7, the proportions at the other four schools (1, 3, 6 and 8) ranged from 17.7 percent to 27.3 percent female and from 2.2 percent to 10.8 percent underrepresented minority. Schools 1, 3 and 4 had directed their recruitment activities at minority applicants, while Schools 3, 6 and 8 also had stipulated special consideration or procedures in the review of minority applicants. But, although School 3's acceptees included 2.9 percent more females than were in its applicant pool and although School 8's acceptees included 1.5 percent more "other" minority applicants than were in its applicant pool, these two schools (along with School 6) accepted smaller proportions of underrepresented minority applicants than had applied. School 3 accepted 9.2 percent fewer of these applicants, the highest negative minority acceptance rate among the schools. School 8 also accepted lower percentages of female applicants than had applied; and School 6 with the least diverse admission committee had the lowest percent of "other" minority acceptees of all eight schools.

Diversity in the characteristics of admission committee members appeared unrelated to acceptees' practice location plans, while recruitment activities targeted at applicants with particular plans seemed related only sporadically. Three schools (Schools 1, 5 and 8) sought to recruit applicants from rural areas. At School 1, 18.9 percent of acceptees were from rural areas; and at School 5, an average of 23.1 percent of first-year entering students were from rural backgrounds over the years 1970 through 1975. However, despite the fact that School 8 directed recruitment activities at applicants who spent their precollege years in rural areas, only 7.0 percent of its acceptees had farm/small-town backgrounds. In contrast, School 3, which is located in the Midwest and which reported no recruitment activities specifically directed toward these applicants, had 25.5 percent of its acceptees from farm/small-town backgrounds — 8.6 percent more than the proportion of rural residents in its applicant pool. The other case-study schools for which MSIS data were available accepted proportions of rural applicants which were essentially similar to those which had applied.

Except for Schools 6 and 7, whose acceptees included slightly higher proportions of applicants who planned small-town practices than had their applicant pools (2.5 percent and 2.2 percent more, respectively), all other schools had smaller proportions of acceptees with such plans than applicants. However, the proportions of acceptees planning small-town practices at Schools 6 and 7 (14.2 percent and 12.9 percent, respectively) were comparable to the proportions at Schools 3 and 4 (12.0 percent and 15.6 percent, respectively), despite the fact that at these latter two schools the proportions of acceptees with such plans were smaller than the proportions of applicants with such plans.

Schools 3 and 4 had also accepted the highest percentages of applicants planning to specialize in general practice and/or other primary care specialties (see Item 13 of Appendix B for explanation of categories): 54.5 percent and 56.3 percent, respectively. (Admission of students planning primary care in underserved areas was one of School 4's admission goals.) Schools 2, 6, 8 and School 1's affiliate accepted from 4.1 percent to 8.2 percent fewer students planning to specialize in general practice/other primary care specialties than had applied. School 1 had directed recruitment activities at those students and had an admission objective of recruiting these prospective specialists who also planned practices in underserved areas.

Schools 1, 3, 6 and 8, all of which used summary worksheets, generally had selected smaller proportions of low income, underrepresented minority and female applicants while the acceptees of Schools 2, 4, 5 and 7, which scored applications during the initial screening phases, had more diversified socio-economic characteristics (although School 7 also used summary worksheets). Nevertheless, unique logistical features did not seem to result in acceptee characteristics or plans any different from those of the acceptees at schools without such features in their admission process.

NOTES

1. W. B. Padgett, B. B. Rankin, and W. H. Knisely, "A Computer-Assisted Admission Matching Process for the University of [_____] Medical Schools," *J. Med. Educ.* 51(1976): 478–486.
2. "The Medical Scientist Training Program, sponsored by the National Institutes of Health, is an M.D.-Ph.D. program offered at 22 schools" (Association of American Medical Colleges, *Medical School Admission Requirements, 1978–79* [Washington, D.C.: Association of American Medical Colleges, 1977], p. 44). These are in addition to their regular M.D.-only programs. Only the admission process for the Medical Scientist Program at the medical school selected for this case study (which that school offers in conjunction with another institution) was examined.
3. One of these two schools is part of a university system and provides only preprofessional and basic science education to students whom the school may later select for admission to the medical schoool with which it is affiliated or whom it may recommend for admission elsewhere.
4. Members of School 2's medical scientist admission subcommittee who were faculty at the participating institution were not present at School 2's admission committee final selection session. However, the subcommittee chairman, who was on the faculty of the participating institution, was present to represent the subcommittee.

APPENDIX C.2

AAMC ADMISSIONS PROCESS QUESTIONNAIRE*

I. GOALS AND OBJECTIVES

1. Has your medical school formulated any objectives or goals for its admissions process regarding the acceptance of students with:

YES	NO	
___	___	a. specific career plans
___	___	b. particular demographic characteristics

If yes, please attach such statements and specify their source(s) and date(s).

2. Has your school evaluated its success in achieving these goals: Yes___ No___.

If yes, please specify how goal achievement was evaluated (indicate below and/or attach any reports or publications detailing such evaluation):

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* Information from this questionnaire has been classified by the AAMC as "Restricted - Association Confidential -- may be made available to member institutions and other qualified institutions, organizations and individuals subject to the discretion of the President." If you have questions about how to complete the questionnaire, please feel free to contact Janet Cuca, Davis Johnson or Arlene Lishinsky of the AAMC Division of Student Studies (202/466-5072).

3. Does your school attempt to predict formally an applicant's:

YES	NO	
___	___	a. medical school achievement
___	___	b. eventual specialty
___	___	c. eventual practice location

If yes, how is prediction accomplished:

a. achievement -

b. specialty -

c. location -

Is there a determination of the accuracy of the predictions: Yes___ No___.

If yes, how is accuracy determined:

II. APPLICATION PROCESSING AND LOGISTICS

(Please answer this section in terms of the process by which 1976 entrants to your _____ program were selected.)

4. Please indicate the manner in which your school disseminated information to prospective applicants:

YES	NO	
		a. career days directed toward:
___	___	students
___	___	parents
___	___	advisors
___	___	others (please specify): _____
___	___	b. institutional publications, other than regular catalogue or Medical School Admission Requirements (MSAR) (if yes, please enclose a sample)
___	___	c. other activities or publications (if yes, please explain and attach copies of available materials):

5. Did your school attempt to recruit particular groups of students:

YES	NO	
___	___	a. minority
___	___	b. rural
___	___	c. potential primary care physicians
___	___	d. other (please specify):

Did you use any of the following techniques to recruit these particular applicants (check all which are applicable):

___ a. visits to undergraduate colleges (if so, how many: _____)
___ b. personal contacts with premedical advisors
___ c. Medical Minority Applicant Registry (Med-MAR)
___ d. alumni
___ e. career days (if so, how many: _____)
___ f. institutional publications, other than regular catalogue or Medical School Admission Requirements (MSAR) (if yes, please enclose sample)
___ g. other activities or publications (if yes, please explain and attach copies of available materials):

6. Are programs sponsored by your medical school for premedical advisors (or high school counselors): Yes___ No___

If yes, please explain the nature of the programs:

7. FOR AMCAS PARTICIPANT SCHOOLS: Did you use a supplementary application form: Yes__ No___ (if yes, please attach a copy)

FOR NON-AMCAS SCHOOLS: Please attach copy(ies) of your application form(s) and note which groups of applicants were required to complete each.

8. In 1976 was an application fee charged to:

YES	NO	
___	___	a. all students filing a preliminary application
___	___	b. only those students requested to file a supplemental application

If a fee was charged, please specify the amount of the fee: _____.

Was this fee waived for any applicants: Yes___ No___.
(Please explain and also give the number of applicants for whom the fee was waived.)

9. FOR EARLY DECISION PLAN (EDP) PARTICIPANT SCHOOLS: please specify

   a. the number of EDP applicants in 1976: _____

   b. the number of EDP acceptees in 1976: _____

10. Was an information summary worksheet for individual applicants used at any stage in your 1976 admission process: Yes___ No___.

    If yes, please attach a sample and indicate for which applicants the sheets were used.

11. Was a formula of any kind used to weight selection factors: Yes___ No___.

    If yes, please provide the formula and an explanation of its terms.

12. Were any of the acceptees during your admissions cycle for the 1976 entering class permitted to delay matriculation until 1977: Yes___ No___.

    If so, how many: _____.

13. Schools vary in the number of phases which constitute their admissions process. Please indicate how many phases your process had in 1976 (_____) and complete the following chart in terms of those phases.

Process Elements	Phase I	Phase II	Phase III	Phase IV
Number of applications considered at this phase				
Forms used in this phase (i.e., AMCAS forms, supplemental application forms, information summary sheets, etc.; please attach a sample of each item other than AMCAS form)				
Selection factors considered in this phase (i.e., MCAT scores, GPA's, career plans, psychological tests, premedical advisor recommendations, financial status, demographic characteristics, etc.)				

- continued -

Process Elements	Phase I	Phase II	Phase III	Phase IV
Application reviewers at this phase (i.e., computer, clerical staff, admissions officer, full admissions committee or subcommittee, selected interviewers, etc.)				
Weights or cutoffs for the various selection factors used in this phase				

III. INTERVIEWING

(Please answer this section in terms of the process by which 1976 entrants to your _____ program were selected.)

14. What percentage of applicants to your 1976 program were interviewed: _____%.

What were the criteria for selecting those to be interviewed:

15. Where were interviews held (if you check more than one, please make a rough estimate of the percentage of interviews held at each location):

YES	NO		
___	___	a. at the medical school	____%
___	___	b. in city of applicant's residence	____%
___	___	c. at selected locations across country	____%
___	___	d. at other medical schools	____%
___	___	e. other (please specify):	____%

16. Were there any groups of students for whom:

YES	NO	
___	___	a. interview travel expenses were paid
___	___	b. other special arrangements were made

If yes, please explain (giving the number of students in "a" and/or "b"):

17. Who interviewed applicants (check all which are applicable):

___ a. faculty
___ b. medical students
___ c. non-faculty physicians
___ d. admissions office staff
___ e. other (please specify):

18. Please indicate each of the following:

a. the number of interview sessions per applicant: _____

b. the number of interviewers per applicant regardless of the number of sessions: _____

c. if more than one interviewer per applicant, whether:

YES	NO	
___	___	a. each interviewed the applicant separately
___	___	b. all interviewed the applicant at the same time

d. whether applicants were interviewed:

YES	NO	
___	___	a. individually
___	___	b. together with other applicants (regardless of the number of interviewers)

e. if applicants were interviewed in group sessions together with other applicants, how many applicants per session: _____

19. Who assigned the interviewers to the applicants (i.e., clerical staff, admissions officer, etc.):

_____

20. Which interviewers, if any, were involved in the actual admission decision:

_____

21. Was training provided for the interviewers: Yes___ No___.

If yes, please explain the extent and type of training provided:

22. What percentage of the interviewers of your 1976 entrants had participated in the AAMC-developed Simulated Minority Admissions Exercise: _____%.

23. Was an interview rating form used: Yes___ No___.

If yes, please attach a sample.

24. Were interviews structured as to:

YES	NO	
___	___	a. general content
___	___	b. specific questions

If yes, please provide samples of questions, guidelines, and/or any other material relevant to the structuring of interviews.

IV. ADMISSIONS COMMITTEES

25. Is the chairperson of the full admissions committee appointed for a fixed _____ or indefinite _____ period of time.

If fixed, please specify the length of appointment: _____.

26. Please complete the following for the chairperson of the committee which admitted your 1976 entering class:

a. Number of years in position: _____

b. Discipline/specialty: _____

c. Degrees: _____

d. Percent of time devoted to admissions: _____

27. 1) Please indicate the number of members on your full admissions committee: _____.

2) Is there a term of appointment for your admissions committee members: Yes___ No___.

If yes, please indicate the number of years: _____.

3) What percentage of your full admissions committee which admitted your 1976 entrants had participated in the AAMC-developed Simulated Minority Admissions Exercise: _____%

28. Are proportions of committee characteristics (i.e., basic scientists, clinicians, students, etc.) fixed by policy: Yes___ No___.

If yes, please specify the proportions:

29. Have committee members been evaluated in terms of their successful selection of students: Yes___ No___.

If yes, what were the criteria for evaluation:

30. Were there subcommittees of the admissions committee: Yes___ No___.

If yes, please specify the basis for subdivision (i.e., subcommittee for minorities, for special programs, etc.):

31. How often did the full admissions committee meet during the period of major application activity (i.e., monthly, biweekly, weekly): _____.

If applicable, how often did subcommittees meet: _____.

What was the average length of committee meetings (in hours):

a. full committee: _____

b. subcommittees: _____

32. Who made the final admissions decisions:

___ a. committee as a whole
___ b. individual committee members
___ c. subcommittees
___ d. Dean of Admissions
___ e. other (please specify): _____

Did a particular subcommittee make final decisions for the particular students it reviewed: Yes___ No___.

33. Did the admissions committee:

YES	NO	
___	___	a. determine admissions policy
___	___	b. recommend admissions policy

If either or both of the above answers is "no", please specify which individual(s) or group(s):

a. recommended policy -

b. determined policy -

34. Who presented applicant credentials at admissions committee meetings:

_____

_____

35. What percentage of the admissions committee for your 1976 entrants had participated in the AAMC-developed Simulated Minority Admissions Exercise:

_____%

36. For each member of the admissions committee which selected your 1976 entering class, please provide the following information:

Admissions Committee Member	Sex	Racial Identity[1]	Age[2]	Years on Committee at Start of '76 Admissions Cycle	Approximate Number of '76 Applicants Interviewed	University or Community Position/Affiliation[3]	If Medical School or University	
							Department	Full-Time or Part-Time
Chairperson								
Member 1								
Member 2								
Member 3								
Member 4								
Member 5								
Member 6								
Member 7								
Member 8								
Member 9								
Member 10								
Member 11								
Member 12								

[1] AI = American Indian; BA = Black-American; AA = Asian-American; HA = Hispanic-American; WC = White/Caucasian; if other, please specify.

[2] If exact age is not available, please estimate to nearest multiple of 5 (i.e., 40, 45, 50, etc.).

[3] 1 = Medical School Faculty; 2 = Medical School Administrator; 3 = Non-Medical School but Other University Faculty; 4 = Medical Student; 5 = Non-Faculty Physician; 6 = Community Member, not physician; 7 = Premedical Counselor; 8 = Hospital House Staff; 9 = Other Health Professional; IF OTHER, please specify.

- continued -

Admissions Committee Member	Sex	Racial Identity[1]	Age[2]	Years on Committee at Start of '76 Admissions Cycle	Approximate Number of '76 Applicants Interviewed	University or Community Position/Affiliation[3]	If Medical School or University	
							Department	Full-Time or Part-Time
Chairperson								
Member 13								
Member 14								
Member 15								
Member 16								
Member 17								
Member 18								
Member 19								
Member 20								
Member 21								
Member 22								
Member 23								
Member 24								

[1] AI = American Indian; BA = Black-American; AA = Asian-American; HA = Hispanic-American; WC = White/Caucasian; If other, please specify.

[2] If exact age is not available, please estimate to nearest multiple of 5 (i.e., 40, 45, 50, etc.).

[3] 1 = Medical School Faculty; 2 = Medical School Administrator; 3 = Non-Medical School but Other University Faculty; 4 = Medical Student; 5 = Non-Faculty Physician; 6 = Community Member, not physician; 7 = Premedical Counselor; 8 = Hospital House Staff; 9 = Other Health Professional; IF OTHER, please specify.

(If more space is needed, please attach additional pages.)

37. Please explain any other features of the 1976 admissions process at your medical school which are notable and/or which were not addressed in preceding questions:

Questionnaire Completed By: _____ (Signature)

_____ (Name)

on _____ (date) _____ Title

_____ School

Please return completed questionnaire in the envelope provided by no later than August 1, 1977 to Janet Cuca, Research Associate, Division of Student Studies, Association of American Medical Colleges, 1 Dupont Circle, N.W., Washington, D.C. 20036

Your cooperation is sincerely appreciated.

APPENDIX D

PERCENTAGES OF SELECTED CHARACTERISTICS OF APPLICANTS AND ACCEPTEES TO THE 1973 AND 1976 ENTERING CLASSES OF 117 U.S. MEDICAL SCHOOLS

Table D-1

Percentages of Selected Characteristics[1] Regarding Acceptance and Demographic Attributes of Applicants and Acceptees to the 1973 and 1976 Entering Classes of 117 U.S. Medical Schools[2]

School #		Percent of Applicants Accepted		Percent Accepted Elsewhere		Sex: Female		Racial/Ethnic Identity: Underrepresented Minority		Racial/Ethnic Identity: Other Minority		Parental Income: Less Than $10,000		Parental Income: $10,000-14,999		Parental Income: No Response	
		1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976
001	Applicants	-	-	12.6	13.4	15.6	20.1	12.9	10.1	2.4	4.9	19.4	12.5	14.4	14.4	36.8	23.8
	Acceptees	9.1	7.0	49.4	70.1	14.6	25.4	13.9	14.7	0.6	4.0	19.0	12.4	12.0	15.8	34.8	19.2
002	Applicants	-	-	45.0	40.7	23.3	28.4	12.3	13.4	3.0	5.5	19.3	14.2	14.2	13.9	29.8	15.0
	Acceptees	7.7	5.6	91.5	92.0	30.8	35.3	20.5	17.4	4.5	6.0	20.5	13.4	13.4	14.9	24.1	12.4
003	Applicants	-	-	13.0	7.3	14.5	23.1	7.9	14.7	2.0	3.8	20.2	13.5	17.2	17.3	31.1	23.8
	Acceptees	17.3	22.6	30.5	12.5	15.5	26.0	7.0	5.5	1.9	2.5	19.7	9.0	25.4	24.0	23.5	10.5
004	Applicants	-	-	11.9	11.8	19.0	25.4	9.0	8.9	3.4	5.9	16.0	11.2	15.0	15.3	39.9	22.3
	Acceptees	5.9	4.7	50.0	34.1	35.2	39.3	13.4	17.8	10.6	8.1	22.5	15.6	9.9	16.3	35.2	21.5
005	Applicants	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Acceptees	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
006	Applicants	-	-	25.5	28.5	18.3	27.7	6.5	5.6	1.4	2.7	13.9	9.5	15.2	13.7	34.1	18.4
	Acceptees	5.1	4.2	80.1	86.3	23.1	27.3	3.8	2.2	0.0	2.2	14.0	6.0	15.1	10.9	27.4	14.8
007	Applicants	-	-	23.6	20.4	21.6	28.5	13.6	12.8	4.4	7.0	18.4	11.4	15.1	14.0	33.6	24.8
	Acceptees	7.2	5.0	75.8	8.1	25.0	34.5	22.3	20.8	10.9	13.3	24.6	18.0	18.4	14.9	20.7	15.3
008	Applicants	-	-	19.8	13.9	15.2	23.2	4.2	3.7	4.9	4.9	16.5	11.1	15.9	15.0	34.6	22.3
	Acceptees	9.9	6.1	81.6	39.7	13.7	17.7	3.2	3.5	3.7	6.4	13.2	9.9	17.4	17.7	26.8	17.0
009	Applicants	-	-	9.9	12.9	12.4	17.6	8.8	7.1	1.5	1.6	17.9	10.0	14.5	13.3	34.5	26.5
	Acceptees	10.6	21.4	39.9	38.7	18.2	17.6	10.1	6.5	0.7	1.0	21.6	12.1	17.6	15.6	24.3	21.6
010	Applicants	-	-	17.2	22.5	14.8	24.7	4.8	5.1	1.2	2.4	13.3	9.2	15.5	14.7	36.5	20.0
	Acceptees	5.0	6.4	57.0	59.0	20.3	28.1	5.8	3.6	2.4	1.8	15.9	7.9	15.5	13.3	35.3	26.6
011	Applicants	-	-	4.8	3.9	14.0	18.3	5.4	7.1	1.4	2.6	20.9	13.0	14.5	15.8	34.8	31.7
	Acceptees	16.1	21.4	4.7	6.9	17.8	16.9	6.2	9.2	0.8	0.0	25.6	23.1	25.6	20.8	19.4	10.8

[1] See Appendix B for detailed explanation of scaling of variables.

[2] There were 115 U.S. medical schools in 1973 and 116 in 1976 (including the University of Puerto Rico in both years). These totals reflect the fact that one of the schools which had existed as a separate school in 1973 merged with another by 1976 and 2 schools were new in 1976.

Table D-1 (continued)

School #		Percent of Applicants Accepted		Percent Accepted Elsewhere		Sex: Female		Racial/Ethnic Identity: Underrepresented Minority		Racial/Ethnic Identity: Other Minority		Parental Income: Less Than $10,000		Parental Income: $10,000-14,999		Parental Income: No Response	
		1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976
012	Applicants	-	-	22.4	22.4	14.1	23.1	7.8	7.5	2.9	5.0	15.8	9.5	15.7	12.7	31.7	18.6
	Acceptees	10.1	6.7	87.5	76.2	18.0	21.3	8.0	7.8	6.9	9.4	18.3	11.5	17.3	8.2	20.1	16.4
013	Applicants	-	-	24.2	25.9	22.9	28.9	6.1	5.8	1.1	3.2	12.7	9.0	13.6	13.6	34.9	17.4
	Acceptees	5.6	5.3	59.6	56.9	28.0	35.0	13.8	14.5	2.3	5.6	13.8	8.9	11.9	11.7	39.9	31.9
014	Applicants	-	-	10.8	15.5	12.6	20.7	4.0	4.6	1.5	2.4	13.3	7.5	15.4	13.7	36.5	19.8
	Acceptees	2.2	3.6	49.3	60.6	14.9	18.7	6.0	9.6	0.7	1.9	14.9	6.7	24.6	9.1	24.6	11.1
015	Applicants	-	-	16.0	19.0	18.0	26.4	8.9	10.9	1.6	3.5	17.5	13.1	14.7	15.6	37.7	21.6
	Acceptees	4.3	6.1	52.8	67.2	30.6	32.0	20.1	13.5	1.3	3.6	22.3	13.1	18.8	16.8	26.2	7.3
016	Applicants	-	-	20.3	20.4	18.3	25.1	10.8	12.2	4.5	7.3	17.3	11.1	14.7	14.1	34.4	23.1
	Acceptees	6.8	5.9	82.4	79.3	19.5	25.3	15.1	13.9	7.4	11.1	14.7	12.7	16.9	13.1	26.1	16.9
017	Applicants	-	-	10.9	12.4	14.0	21.6	6.6	7.5	1.7	2.9	14.5	9.2	13.9	13.4	38.7	23.4
	Acceptees	2.5	4.1	21.7	52.8	7.8	28.0	9.6	5.6	0.9	1.6	8.7	6.9	8.7	13.4	44.3	14.2
018	Applicants	-	-	20.4	22.0	16.0	22.3	7.2	6.8	1.6	2.5	15.7	9.4	15.8	13.4	34.3	21.0
	Acceptees	3.2	3.3	77.2	85.6	17.3	19.4	8.9	6.5	1.0	0.5	9.9	8.3	13.9	16.2	28.2	11.1
019	Applicants	-	-	13.6	16.5	16.2	22.4	6.9	6.9	1.6	1.2	15.1	8.2	15.8	14.0	35.3	21.1
	Acceptees	3.0	5.1	61.7	56.5	19.2	28.3	10.4	11.3	1.0	0.7	12.4	7.4	18.7	11.0	15.5	9.2
020	Applicants	-	-	16.0	14.7	18.8	22.3	7.6	10.0	4.1	9.2	17.1	12.3	16.0	15.5	31.8	22.5
	Acceptees	8.5	9.8	39.2	22.6	21.5	31.4	11.4	10.7	9.5	12.6	17.7	13.2	17.1	14.5	21.5	17.6
021	Applicants	-	-	31.7	31.2	23.2	29.9	11.6	8.6	1.9	3.6	18.2	9.9	14.0	14.5	33.5	17.3
	Acceptees	6.8	4.5	80.2	86.9	33.9	33.9	15.2	6.8	2.3	2.3	15.2	6.8	12.1	11.8	27.2	10.9
022	Applicants	-	-	31.3	27.8	21.6	26.9	9.9	9.3	1.7	3.8	15.7	10.9	15.4	14.5	32.5	17.7
	Acceptees	4.9	2.5	92.3	85.2	23.8	30.6	11.9	15.3	1.2	1.6	11.9	8.7	16.1	13.1	24.4	19.1
023	Applicants	-	-	10.4	11.9	11.8	19.8	7.2	11.2	2.2	4.3	17.1	10.6	16.4	14.8	35.3	23.2
	Acceptees	3.9	2.3	71.7	49.5	14.0	21.3	6.1	12.2	2.9	13.3	18.4	14.3	21.9	17.6	24.5	18.6
024	Applicants	-	-	19.8	24.7	19.1	26.8	7.0	8.4	2.2	3.6	13.2	9.7	12.6	13.5	41.9	19.5
	Acceptees	4.2	4.6	68.3	70.4	22.0	26.8	6.5	10.6	1.6	2.1	8.9	11.3	14.6	11.3	38.2	20.4
025	Applicants	-	-	31.0	34.6	17.5	23.5	5.3	6.1	1.5	2.4	13.7	8.0	14.6	12.8	29.6	14.9
	Acceptees	6.1	5.9	85.4	89.1	26.9	37.8	8.7	12.6	1.4	0.4	13.7	5.5	15.5	10.9	21.0	8.0

Table D-1 (continued)

School #		Percent of Applicants Accepted		Percent Accepted Elsewhere		Sex: Female		Racial/Ethnic Identity: Underrepresented Minority		Racial/Ethnic Identity: Other Minority		Parental Income: Less Than $10,000		Parental Income: $10,000-14,999		Parental Income: No Response	
		1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976
026	Applicants	-	-	23.7	23.3	19.6	26.2	8.1	7.3	1.6	3.1	16.6	10.8	14.2	13.9	36.5	21.1
	Acceptees	8.0	7.4	86.9	87.2	22.8	28.4	7.2	10.5	1.9	2.8	21.4	14.5	13.5	12.8	26.1	8.8
027	Applicants	-	-	19.1	20.8	14.2	18.7	3.7	5.4	1.1	2.3	12.2	7.2	13.7	11.5	33.9	19.6
	Acceptees	6.8	4.1	77.5	79.5	13.2	21.0	6.4	4.5	4.9	2.5	12.7	7.5	19.6	10.5	18.1	8.0
028	Applicants	-	-	20.3	20.6	17.0	23.3	8.8	7.2	2.1	3.0	15.7	9.1	15.0	13.7	34.2	20.6
	Acceptees	4.6	4.6	68.5	62.5	17.7	21.8	8.7	7.6	2.5	1.4	10.7	6.4	18.6	11.0	31.5	16.2
029	Applicants	-	-	19.0	18.5	16.5	24.0	5.3	7.2	1.2	2.9	13.1	8.8	14.7	13.4	34.0	20.3
	Acceptees	7.5	4.4	73.6	65.9	23.0	28.7	7.7	9.3	1.1	1.6	11.1	4.4	16.1	10.9	27.2	14.5
030	Applicants	-	-	11.2	10.3	13.4	21.1	7.7	10.1	1.1	3.4	16.0	11.2	14.3	14.8	40.0	22.2
	Acceptees	27.1	15.2	31.6	32.2	16.2	18.5	9.2	2.2	0.9	2.2	13.6	8.8	15.8	17.2	20.6	7.9
031	Applicants	-	-	18.2	17.0	17.0	25.6	6.9	7.0	1.3	2.4	15.0	10.2	16.1	15.0	34.9	23.5
	Acceptees	8.3	6.5	61.9	61.6	19.5	23.1	7.6	10.1	1.5	1.3	18.9	6.8	18.6	18.1	29.1	18.3
032	Applicants	-	-	12.4	11.1	19.2	25.7	34.9	33.1	2.2	4.2	27.0	18.7	12.5	15.9	38.4	26.7
	Acceptees	6.6	5.1	62.3	59.6	28.5	33.3	84.1	83.0	0.4	0.0	35.6	22.1	10.9	16.1	38.1	26.6
033	Applicants	-	-	15.2	15.9	17.7	24.3	10.2	11.5	1.7	2.4	16.4	10.7	16.3	14.3	36.3	23.5
	Acceptees	20.6	20.5	53.1	54.2	17.6	23.1	12.2	12.4	1.7	10.0	18.4	8.6	18.8	17.3	26.4	13.3
034	Applicants	-	-	10.1	9.5	15.4	23.9	8.7	9.0	1.4	3.8	18.5	10.3	16.1	14.9	34.2	23.0
	Acceptees	21.0	18.5	19.1	12.4	16.2	25.6	7.4	4.1	0.6	1.5	16.0	7.4	20.5	18.5	19.4	7.4
035	Applicants	-	-	13.4	14.8	18.0	26.5	12.1	13.3	5.1	8.4	17.6	11.9	14.8	13.6	35.9	25.6
	Acceptees	6.2	5.0	74.6	75.1	23.9	26.0	19.9	21.4	11.4	18.6	22.9	24.2	15.9	19.8	25.9	12.4
036	Applicants	-	-	20.9	19.1	16.9	23.1	5.7	6.4	1.2	2.8	14.8	9.4	16.4	14.9	34.0	23.3
	Acceptees	9.6	6.7	67.1	54.0	18.5	21.2	6.3	9.9	0.7	1.4	15.2	10.5	15.4	13.8	33.9	26.2
037	Applicants	-	-	40.9	39.5	21.9	26.3	7.8	7.2	1.3	2.7	14.8	9.2	16.9	13.5	28.6	14.4
	Acceptees	9.6	6.8	86.8	84.9	19.0	21.0	7.0	4.2	1.7	1.3	12.0	6.7	14.0	10.5	31.8	8.8
038	Applicants	-	-	9.3	10.0	16.6	22.9	8.7	7.3	2.2	3.4	19.8	10.4	17.0	14.3	33.2	21.6
	Acceptees	23.7	23.3	21.1	9.5	12.4	26.2	5.7	4.1	1.5	0.5	21.6	10.9	25.3	17.2	17.0	9.0
039	Applicants	-	-	10.5	13.8	15.2	22.6	4.3	5.1	0.8	2.4	17.5	11.1	17.8	14.8	34.5	26.0
	Acceptees	9.4	11.9	54.5	64.9	17.9	23.8	4.5	6.0	0.6	0.6	24.4	13.7	22.4	14.3	22.4	19.0

Table D-1 (continued)

School #		Percent of Applicants Accepted		Percent Accepted Elsewhere		Sex		Racial/Ethnic Identity				Parental Income					
						Female		Underrepresented Minority		Other Minority		Less Than $10,00		$10,000-14,999		No Response	
		1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976
040	Applicants	-	-	17.6	19.6	19.9	27.9	9.4	10.3	1.7	3.4	17.8	12.0	14.3	15.4	37.4	22.4
	Acceptees	9.1	8.5	73.8	64.0	22.4	24.9	9.4	8.8	1.1	1.8	18.1	12.9	16.5	15.0	33.1	15.0
041	Applicants	-	-	8.8	13.9	12.5	20.1	6.2	9.8	1.9	2.7	15.2	9.1	15.4	17.4	37.0	26.6
	Acceptees	15.9	24.2	37.7	43.0	18.3	15.3	3.7	5.1	0.0	1.3	15.7	6.8	22.5	17.9	17.3	21.3
042	Applicants	-	-	11.2	12.3	12.6	19.9	4.2	4.6	0.9	2.1	16.0	9.5	15.8	14.6	32.5	26.0
	Acceptees	11.3	13.3	40.1	48.0	18.1	25.3	3.8	3.0	0.0	0.0	23.6	14.1	22.0	18.2	17.0	10.6
043	Applicants	-	-	13.0	15.6	17.9	24.1	6.0	6.3	1.8	3.1	15.8	9.0	17.1	14.0	34.8	21.2
	Acceptees	4.2	4.6	65.8	61.2	19.8	21.6	5.3	7.3	1.1	1.5	12.5	7.0	18.6	13.6	27.4	14.7
044	Applicants	-	-	10.3	13.8	12.8	17.4	4.6	3.4	1.8	6.3	13.4	8.5	11.9	11.3	44.0	33.2
	Acceptees	12.6	16.1	41.4	48.4	13.6	19.9	3.7	4.1	0.5	5.9	19.9	10.0	16.8	14.0	20.9	16.7
045	Applicants	-	-	11.4	16.6	13.7	22.1	4.6	8.3	1.6	3.7	15.4	10.8	15.0	13.9	37.9	22.5
	Acceptees	5.2	7.7	65.2	54.2	17.8	23.7	3.3	13.0	0.4	3.6	17.4	11.1	19.6	13.0	28.1	9.1
046	Applicants	-	-	15.3	10.5	20.6	29.6	11.1	12.7	1.8	2.2	14.2	7.3	15.6	13.2	35.1	26.9
	Acceptees	11.4	14.3	41.9	34.6	21.6	26.3	11.3	10.8	0.5	0.0	10.8	3.7	13.5	11.2	31.1	17.9
047	Applicants	-	-	6.0	8.3	14.1	20.7	8.3	7.6	2.0	5.3	16.3	12.1	13.9	15.2	41.8	25.3
	Acceptees	10.3	4.3	9.6	6.7	17.5	17.3	9.0	8.9	0.0	3.4	9.6	6.1	13.0	14.0	58.8	41.3
048	Applicants	-	-	11.3	11.0	15.1	25.4	31.4	34.0	1.3	3.9	25.9	21.5	11.5	16.3	42.5	26.5
	Acceptees	11.9	8.9	58.4	50.2	30.2	32.9	87.5	69.7	0.8	2.6	38.0	29.0	15.3	19.0	28.2	15.6
049	Applicants	-	-	20.4	16.9	20.0	23.8	11.6	10.3	3.0	4.6	16.9	10.1	15.0	14.6	35.7	21.3
	Acceptees	10.1	7.2	73.1	57.7	28.7	26.9	15.7	15.7	1.3	4.0	14.9	5.9	12.8	14.5	22.1	23.1
050	Applicants	-	-	14.4	13.3	17.0	21.7	7.6	8.4	1.3	7.4	20.6	12.3	16.6	14.7	32.4	24.2
	Acceptees	19.4	18.6	31.9	33.5	20.5	21.2	10.7	7.4	3.5	5.5	21.5	13.8	18.6	12.0	26.2	23.1
051	Applicants	-	-	5.8	4.6	11.0	20.6	7.4	14.1	0.5	2.0	17.8	12.6	14.3	15.7	38.3	29.1
	Acceptees	18.9	26.8	12.8	7.3	17.0	23.2	10.6	8.5	0.7	0.6	23.4	9.8	24.1	22.6	24.1	14.6
052	Applicants	-	-	7.9	9.1	13.7	21.7	6.4	6.1	2.0	3.0	17.7	10.2	16.4	15.0	36.1	27.0
	Acceptees	6.5	13.4	39.9	36.1	16.1	17.4	8.4	5.2	1.4	0.6	19.6	9.7	22.4	14.2	26.6	12.3
053	Applicants	-	-	8.0	6.6	19.3	21.4	7.0	9.0	2.5	3.4	18.5	9.3	16.8	17.1	36.7	26.5
	Acceptees	12.1	15.5	21.1	16.8	13.3	23.1	4.2	2.3	0.6	0.6	19.3	7.5	24.1	15.0	28.3	16.8

Table D-1 (continued)

School #		Percent of Applicants Accepted		Percent Accepted Elsewhere		Sex: Female		Racial/Ethnic Identity: Underrepresented Minority		Racial/Ethnic Identity: Other Minority		Parental Income: Less Than $10,000		Parental Income: $10,000-14,999		Parental Income: No Response	
		1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976
054	Applicants	-	-	10.8	9.0	16.8	24.9	6.4	11.4	8.8	16.2	18.5	14.7	16.3	15.0	34.1	25.9
	Acceptees	9.2	9.4	34.1	27.0	20.0	30.0	4.7	5.0	20.0	17.0	18.8	11.0	20.0	14.0	25.9	31.0
055	Applicants	-	-	17.7	22.7	18.0	27.4	6.3	7.0	1.4	3.1	15.6	10.6	14.1	14.4	38.1	19.0
	Acceptees	7.7	8.6	62.8	61.8	24.4	32.8	6.2	6.4	0.6	3.3	14.0	7.9	16.4	13.1	36.0	13.8
056	Applicants	-	-	25.5	26.5	21.6	27.7	9.2	7.9	1.5	3.5	16.2	10.5	14.0	14.3	35.4	18.6
	Acceptees	9.3	7.2	87.2	83.2	23.1	26.4	12.3	10.4	1.8	3.5	17.4	10.1	12.3	12.8	27.4	9.3
057	Applicants	-	-	19.3	15.6	18.0	25.8	7.2	10.9	1.4	2.2	15.6	10.3	14.9	14.2	31.9	24.7
	Acceptees	9.9	12.0	59.6	55.1	21.8	28.0	12.2	11.7	1.3	0.9	19.2	8.4	20.5	13.1	21.2	16.4
058	Applicants	-	-	7.5	3.7	10.9	18.6	4.2	3.1	1.9	0.0	20.8	8.1	18.1	17.4	38.5	26.1
	Acceptees	29.8	44.1	13.9	7.0	15.2	21.1	5.1	5.6	1.3	0.0	30.4	5.6	27.8	15.5	22.8	22.5
059	Applicants	-	-	18.3	20.9	16.3	23.3	8.1	7.2	1.4	2.7	14.8	8.8	14.7	13.1	34.4	20.8
	Acceptees	5.9	4.0	61.5	67.7	20.7	27.3	7.4	8.8	1.1	1.3	10.7	5.1	14.1	11.8	40.7	26.3
060	Applicants	-	-	12.6	13.2	15.4	23.1	6.5	9.4	1.6	2.2	16.5	9.7	18.3	15.9	33.6	23.9
	Acceptees	14.0	14.9	41.8	55.0	16.0	23.1	6.2	4.4	0.7	0.9	16.3	7.8	22.5	23.7	26.5	8.1
061	Applicants	-	-	7.7	7.3	13.1	17.2	5.3	5.4	1.4	2.9	16.1	10.0	16.2	12.8	38.8	27.9
	Acceptees	15.2	19.8	17.2	10.9	11.7	19.2	3.7	4.1	0.6	2.1	12.3	5.2	20.9	11.4	28.2	17.1
062	Applicants	-	-	9.2	13.2	17.0	24.6	5.7	7.7	1.7	4.7	16.3	9.1	18.1	16.3	33.2	23.4
	Acceptees	13.5	16.5	22.0	22.3	17.3	17.7	3.9	3.1	0.8	0.0	18.9	7.7	28.3	16.2	22.8	18.5
063	Applicants	-	-	35.4	30.0	20.9	26.4	8.0	8.5	1.0	2.3	16.1	10.3	15.1	14.8	30.3	17.9
	Acceptees	6.8	5.7	89.2	88.3	25.0	32.8	10.4	12.0	0.0	2.3	15.4	9.7	13.5	11.7	22.3	13.4
064	Applicants	-	-	19.8	13.7	14.4	22.2	4.1	3.4	5.2	5.3	16.4	11.3	15.7	14.7	34.6	22.0
	Acceptees	16.0	7.4	71.5	30.6	15.9	28.2	1.7	4.7	6.0	10.0	15.9	17.1	16.6	17.1	24.5	14.1
065	Applicants	-	-	4.9	4.0	25.8	29.7	32.1	8.1	14.2	11.9	26.3	26.4	15.3	20.9	41.1	20.3
	Acceptees	29.7	27.3	14.4	7.2	26.5	26.3	36.4	6.6	12.1	12.5	31.8	28.3	23.5	26.3	27.3	8.6
066	Applicants	-	-	17.7	17.2	17.0	23.2	6.7	5.5	1.1	1.9	17.2	10.0	15.9	16.3	34.9	21.3
	Acceptees	7.6	7.4	71.4	70.6	17.4	24.6	10.4	4.8	1.2	0.8	25.5	7.1	18.9	18.3	21.2	10.3
067	Applicants	-	-	12.5	15.6	12.4	19.5	5.3	6.4	1.6	2.9	15.3	8.5	16.6	14.1	34.9	21.3
	Acceptees	4.9	5.4	68.4	70.3	13.0	16.8	10.3	4.6	0.5	1.0	14.8	5.1	22.6	14.2	21.1	10.9

Table D-1 (continued)

School #		Percent of Applicants Accepted		Percent Accepted Elsewhere		Sex: Female		Racial/Ethnic Identity: Underrepresented Minority		Racial/Ethnic Identity: Other Minority		Parental Income: Less Than $10,000		Parental Income: $10,000-14,999		Parental Income: No Response	
		1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976
068	Applicants	-	-	5.5	7.2	12.0	19.0	7.3	8.6	0.9	2.1	14.3	9.7	14.4	13.5	36.9	24.7
	Acceptees	17.2	15.9	11.5	16.8	13.1	18.9	7.9	5.9	0.5	0.5	14.7	8.6	15.2	14.1	27.7	18.9
069	Applicants	-	-	9.5	3.9	7.8	16.3	0.0	5.4	0.9	3.3	15.5	10.9	19.0	15.5	37.1	26.4
	Acceptees	62.9	12.0	15.1	7.9	6.8	14.5	0.0	0.0	0.0	0.0	19.2	15.8	23.3	28.9	26.0	13.2
070	Applicants	-	-	18.8	19.5	17.4	24.0	10.3	11.9	4.8	6.4	17.2	10.5	14.4	13.4	35.5	23.7
	Acceptees	4.9	7.8	67.6	71.8	23.0	23.1	11.7	12.8	7.0	9.9	17.4	11.5	14.1	12.8	23.5	17.6
071	Applicants	-	-	21.9	15.3	14.5	21.9	4.3	3.8	4.6	4.9	15.6	10.8	16.0	15.0	34.2	21.2
	Acceptees	13.4	10.8	90.4	52.1	13.8	16.9	2.3	3.0	6.9	6.0	13.0	8.2	20.3	13.1	22.6	9.7
072	Applicants	-	-	34.7	30.9	21.9	24.8	11.1	10.2	4.3	6.1	18.5	11.0	14.7	13.1	29.6	16.8
	Acceptees	4.7	2.8	96.4	86.9	27.7	40.7	20.0	18.6	8.2	9.7	18.5	14.5	11.3	13.8	22.6	13.8
073	Applicants	-	-	13.8	15.3	19.0	28.4	13.1	16.6	1.7	3.9	17.6	13.6	14.0	15.6	41.4	23.7
	Acceptees	9.1	9.7	65.2	67.0	26.5	27.8	20.9	26.0	0.8	1.8	22.9	14.7	13.0	18.3	31.6	9.2
074	Applicants	-	-	17.1	20.2	18.4	27.0	8.8	9.6	1.5	3.3	16.6	12.4	14.4	15.6	37.4	22.1
	Acceptees	4.2	6.2	67.1	76.7	22.2	30.0	9.7	14.1	0.5	2.6	22.2	13.0	20.3	18.5	25.1	6.7
075	Applicants	-	-	17.5	15.4	17.6	25.2	8.4	11.0	1.3	2.6	16.4	12.1	16.3	16.0	34.7	23.8
	Acceptees	6.7	4.9	53.1	43.5	22.8	28.6	14.2	18.2	0.3	0.7	18.8	12.6	18.8	18.2	30.0	26.4
076	Applicants	-	-	6.5	4.9	12.4	17.6	5.0	2.0	0.3	0.4	12.9	6.1	9.3	11.3	55.0	45.7
	Acceptees	35.2	30.1	12.6	13.7	11.8	16.7	5.5	1.8	0.4	0.4	16.8	7.5	15.1	17.2	48.3	21.1
077	Applicants	-	-	20.8	14.2	14.4	22.7	4.4	3.7	4.6	5.1	16.5	11.3	15.6	15.0	34.8	21.8
	Acceptees	22.6	11.3	68.8	34.0	17.0	21.8	3.0	2.3	3.5	1.9	15.6	8.8	18.2	17.9	20.7	11.8
078	Applicants	-	-	30.5	22.9	21.8	25.6	8.8	7.6	1.4	3.0	13.9	9.1	13.6	14.2	32.5	18.8
	Acceptees	10.2	3.0	84.3	70.3	28.8	36.6	14.8	20.1	1.2	2.9	16.9	10.6	11.1	13.2	26.4	12.5
079	Applicants	-	-	14.9	17.3	12.8	19.3	4.4	7.1	1.6	3.3	13.0	7.8	14.5	12.3	35.7	23.2
	Acceptees	3.1	3.6	65.3	68.2	20.3	19.3	8.5	9.9	1.3	2.2	14.4	6.2	16.1	17.9	23.7	17.2
080	Applicants	-	-	7.9	12.3	12.2	17.5	6.7	5.6	4.9	9.5	18.9	11.9	14.8	16.5	35.2	22.8
	Acceptees	6.7	9.2	31.5	38.6	17.7	10.2	5.4	1.6	11.5	7.9	21.5	12.6	18.5	17.3	24.6	21.3
081	Applicants	-	-	15.0	19.2	13.1	21.9	3.7	5.0	1.3	2.6	13.9	7.5	15.3	12.4	35.1	20.8
	Acceptees	2.9	2.9	88.1	82.5	15.6	18.6	4.1	6.8	0.5	1.1	13.3	5.6	19.7	13.6	19.7	13.6

Table D-1 (continued)

School #		Percent of Applicants Accepted		Percent Accepted Elsewhere		Sex: Female		Racial/Ethnic Identity: Underrepresented Minority		Racial/Ethnic Identity: Other Minority		Parental Income: Less Than $10,000		Parental Income: $10,000-14,999		Parental Income: No Response	
		1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976
082	Applicants	-	-	14.3	13.6	18.9	25.7	3.1	4.6	1.3	2.8	13.8	8.9	16.3	15.5	34.9	21.6
	Acceptees	6.4	4.9	33.7	40.0	16.3	30.4	3.8	2.6	0.0	0.0	15.4	12.2	19.2	13.9	18.3	15.7
083	Applicants	-	-	15.5	15.7	20.3	29.1	9.6	13.3	1.5	4.2	17.6	12.5	14.6	14.9	38.9	23.4
	Acceptees	7.8	6.2	64.0	64.5	29.4	32.3	17.8	15.7	2.5	3.7	19.8	9.2	18.3	17.5	33.5	14.3
084	Applicants	-	-	19.0	18.6	15.1	21.8	4.4	4.4	1.1	1.9	11.3	7.5	15.4	12.6	32.0	20.8
	Acceptees	8.6	4.9	71.0	53.9	20.5	22.8	8.1	6.7	0.0	0.0	11.4	2.8	21.9	11.1	19.0	11.7
085	Applicants	-	-	13.2	12.7	14.3	23.6	5.2	7.3	1.3	2.4	13.6	9.3	14.6	13.5	35.6	23.4
	Acceptees	7.3	7.9	55.7	46.5	14.9	23.7	10.0	8.8	0.5	0.0	14.5	7.9	21.7	14.5	16.3	14.5
086	Applicants	-	-	14.0	13.9	18.5	23.7	11.8	15.1	3.8	9.0	19.8	12.7	15.5	16.1	34.2	22.5
	Acceptees	6.1	11.7	40.9	32.7	25.5	25.1	12.1	9.0	8.1	5.0	17.4	5.5	21.5	19.6	26.8	10.6
087	Applicants	-	-	23.1	26.0	15.0	22.3	7.0	9.6	1.9	2.4	15.6	8.9	16.2	13.4	31.7	18.5
	Acceptees	4.2	4.6	81.6	88.3	18.4	25.3	16.9	14.6	1.9	1.1	16.9	9.6	16.9	12.5	19.2	11.0
088	Applicants	-	-	9.9	10.3	14.5	20.7	7.6	8.0	1.8	3.5	15.9	10.9	15.0	14.3	39.9	24.5
	Acceptees	9.3	12.1	46.3	37.3	16.9	21.6	8.1	11.5	0.5	3.6	16.2	7.9	14.5	13.2	32.4	14.2
089	Applicants	-	-	22.4	20.1	17.8	24.5	5.8	7.4	1.3	2.5	14.2	9.3	15.3	13.8	33.6	19.5
	Acceptees	3.5	3.0	53.0	60.5	24.3	34.1	13.8	12.7	0.0	3.9	10.5	3.9	8.3	9.8	41.4	26.8
090	Applicants	-	-	12.3	5.4	13.3	20.0	3.5	2.0	0.0	2.0	16.6	10.9	13.1	14.9	44.7	30.0
	Acceptees	25.6	23.3	17.6	9.6	13.7	17.0	2.9	0.0	0.0	0.0	15.7	13.8	22.5	24.5	18.6	14.9
091	Applicants	-	-	16.3	13.4	20.6	23.9	7.7	11.0	2.5	4.0	18.7	12.2	15.4	15.4	35.4	21.8
	Acceptees	20.5	12.8	48.7	40.2	25.2	27.5	7.5	9.3	0.9	2.9	25.2	12.7	16.8	18.1	24.8	9.8
092	Applicants	-	-	12.9	14.2	40.1	45.6	5.1	6.1	2.0	2.3	15.5	10.3	15.9	15.8	37.3	23.9
	Acceptees	3.3	5.6	57.0	70.5	76.4	62.3	4.2	4.5	1.2	1.9	12.7	4.1	13.3	17.9	40.0	14.9
093	Applicants	-	-	12.7	14.1	21.8	30.0	6.9	8.9	1.4	3.2	16.5	10.3	15.2	15.5	38.4	26.0
	Acceptees	6.9	9.5	55.9	58.7	25.2	32.2	12.6	4.9	1.8	4.2	15.3	6.3	20.7	16.1	25.2	13.3
094	Applicants	-	-	-	40.7	-	28.1	-	8.6	-	3.0	-	9.9	-	13.3	-	17.8
	Acceptees	-	6.0	92.3	93.0	28.7	30.3	18.8	13.5	1.1	3.8	16.6	9.2	12.7	13.5	23.8	15.7
095	Applicants	-	-	8.3	18.7	24.1	27.6	4.5	8.6	1.5	3.6	11.3	10.1	13.5	13.6	42.9	19.9
	Acceptees	47.4	16.0	11.1	46.1	27.0	43.8	0.0	7.9	0.0	2.2	7.9	9.0	12.7	12.4	30.2	15.7

Table D-1 (continued)

School #		Percent of Applicants Accepted		Percent Accepted Elsewhere		Sex		Racial/Ethnic Identity				Parental Income					
						Female		Underrepresented Minority		Other Minority		Less Than $10,000		$10,000-14,999		No Response	
		1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976
096	Applicants	-	-	6.9	11.0	15.9	21.3	5.8	5.9	5.7	6.6	18.8	11.0	15.7	17.2	33.3	23.0
	Acceptees	10.4	16.4	31.4	27.4	29.1	25.5	3.5	3.8	8.1	7.5	26.7	13.2	16.3	21.7	16.3	13.2
097	Applicants	-	-	18.4	20.1	19.3	25.7	12.5	11.9	6.3	7.2	19.3	11.2	14.9	13.7	34.2	22.6
	Acceptees	3.1	5.2	81.0	86.6	19.8	18.8	16.7	15.6	7.9	8.6	19.0	12.4	21.4	15.1	20.6	14.0
098	Applicants	-	-	13.5	11.4	23.7	29.8	3.1	11.9	0.5	3.8	14.5	11.5	16.6	17.0	40.2	24.3
	Acceptees	10.8	11.2	62.5	52.1	28.8	34.5	3.7	8.5	0.0	0.6	17.5	10.9	28.7	18.2	17.5	13.3
099	Applicants	-	-	6.5	7.3	13.6	19.9	19.3	17.5	3.4	6.2	20.2	12.0	13.2	13.2	38.4	28.3
	Acceptees	10.0	5.4	23.1	17.3	19.8	28.0	39.6	60.0	5.5	13.3	14.3	6.7	20.9	13.3	33.0	18.7
100	Applicants	-	-	18.4	20.3	20.5	24.9	3.0	2.8	1.1	2.1	15.9	9.6	17.4	17.6	34.6	18.3
	Acceptees	5.6	8.3	75.0	72.0	18.8	29.1	7.6	4.8	0.7	1.6	22.2	9.5	20.1	20.1	25.7	10.1
101	Applicants	-	-	22.2	27.2	23.4	28.2	11.1	7.3	1.9	3.3	19.5	10.9	13.7	14.1	35.4	17.6
	Acceptees	5.8	5.7	88.0	85.6	28.1	26.7	10.2	11.5	1.2	0.4	21.6	8.2	9.6	15.6	32.3	10.3
102	Applicants	-	-	16.2	14.4	19.0	27.5	10.8	13.8	4.2	8.4	16.9	12.4	14.7	13.8	36.2	26.0
	Acceptees	7.7	6.3	65.4	51.2	22.2	37.6	17.3	14.8	9.2	10.0	27.0	11.2	18.9	18.4	21.1	20.4
103	Applicants	-	-	10.1	12.8	14.1	21.1	6.7	5.1	1.9	1.8	17.9	8.4	18.3	16.4	35.7	23.8
	Acceptees	7.3	12.6	57.7	57.8	19.7	23.9	2.9	5.7	2.9	1.3	20.4	7.0	19.7	19.1	22.6	17.0
104	Applicants	-	-	10.1	13.5	10.1	19.1	1.5	7.2	0.5	3.0	14.6	8.6	16.5	18.8	35.1	26.7
	Acceptees	13.1	15.5	50.9	53.1	7.5	18.0	0.0	5.5	0.0	2.3	15.1	7.0	26.4	21.1	28.3	18.0
105	Applicants	-	-	16.3	23.6	22.5	27.0	10.4	7.4	2.3	3.1	18.3	12.4	13.5	15.9	38.5	18.5
	Acceptees	2.7	3.9	69.9	73.8	36.1	47.7	24.1	15.0	2.4	8.4	26.5	15.0	15.7	16.8	26.5	12.1
106	Applicants	-	-	10.1	14.5	13.3	18.7	2.4	3.3	1.8	6.2	15.7	9.5	16.9	15.4	37.4	23.3
	Acceptees	9.2	14.5	60.7	44.3	16.4	18.1	3.3	4.0	0.0	6.7	11.5	12.8	24.6	14.8	19.7	9.4
107	Applicants	-	-	5.7	5.7	14.4	16.7	7.1	5.5	2.1	6.0	18.6	7.7	14.1	12.4	38.0	50.0
	Acceptees	7.1	9.4	10.7	16.7	16.1	23.3	0.0	3.3	0.0	5.0	23.2	6.7	17.9	23.3	35.7	15.0
108	Applicants	-	-	9.5	15.2	14.5	22.6	9.5	9.2	1.7	2.2	18.3	10.1	15.3	15.0	37.3	20.7
	Acceptees	6.2	8.9	61.5	47.8	13.2	26.1	12.1	13.9	0.0	0.9	20.9	13.0	25.3	19.1	24.2	12.2
109	Applicants	-	-	12.7	15.7	18.6	25.8	8.4	7.9	1.8	2.9	14.8	9.0	14.2	13.7	38.4	21.8
	Acceptees	3.8	5.0	68.9	45.9	26.9	38.8	13.4	15.3	0.8	3.5	15.1	12.9	14.3	14.7	30.3	19.4

Table D-1 (continued)

School #		Percent of Applicants Accepted		Percent Accepted Elsewhere		Sex: Female		Racial/Ethnic Identity: Underrepresented Minority		Racial/Ethnic Identity: Other Minority		Parental Income: Less Than $10,000		Parental Income: $10,000-14,999		Parental Income: No Response	
		1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976
110	Applicants	-	-	6.6	-	9.3	-	5.4	-	0.7	-	15.6	-	17.6	-	34.2	-
	Acceptees	9.8	-	55.0	-	10.0	-	2.5	-	0.0	-	20.0	-	32.5	-	20.0	-
111	Applicants	-	-	11.6	10.7	12.3	19.1	5.8	5.2	6.7	6.3	19.8	10.0	13.4	14.8	32.6	23.5
	Acceptees	5.7	6.4	41.3	58.2	20.6	15.4	12.7	6.6	7.9	6.6	25.4	4.4	14.3	15.4	28.6	11.0
112	Applicants	-	-	9.0	8.9	14.4	20.0	2.6	4.6	1.0	2.4	20.4	9.4	18.4	14.8	32.7	25.1
	Acceptees	4.9	5.5	51.2	46.2	22.0	17.3	4.9	0.0	2.4	0.0	29.3	9.6	12.2	21.2	29.3	19.2
113	Applicants	-	-	4.6	11.2	10.0	15.7	4.1	7.3	1.3	2.6	16.9	12.1	14.4	13.6	39.2	27.0
	Acceptees	3.9	14.0	40.0	52.5	15.0	16.7	7.0	5.8	1.0	0.0	17.0	10.0	20.0	15.8	28.0	16.7
114	Applicants	-	-	14.1	16.4	17.8	22.2	6.5	6.2	2.0	3.1	18.2	10.2	16.4	13.3	33.7	22.5
	Acceptees	2.9	4.6	78.6	82.7	22.9	27.2	4.3	6.2	1.4	1.2	18.6	7.4	11.4	9.9	24.3	9.9
115	Applicants	-	-	7.4	10.9	14.4	22.3	7.5	7.8	1.4	2.1	12.8	9.7	15.7	12.7	38.4	26.7
	Acceptees	3.1	7.4	34.2	39.0	15.8	31.0	10.5	16.0	0.0	0.0	15.8	10.0	21.1	8.0	26.3	15.0
116	Applicants	-	-	-	9.0	-	22.5	-	5.9	-	3.0	-	10.0	-	15.0	-	27.2
	Acceptees	-	2.4	-	59.4	-	29.0	-	15.9	-	1.4	-	13.0	-	30.4	-	11.6
117	Applicants	-	-	-	2.9	-	11.2	-	4.9	-	2.5	-	7.1	-	12.3	-	46.3
	Acceptees	-	2.5	-	47.6	-	14.3	-	14.3	-	2.4	-	4.8	-	19.0	-	28.6

Table D-2

Percentages of Selected Characteristics[1] Regarding Geographic Location and Career Plans of Applicants and Acceptees to the 1973 and 1976 Entering Classes of 117 U.S. Medical Schools[2]

School #		Location of Precollege Years: Farm 1976	Small Town 1976	No Response 1976	Practice Location Plans: Small Town 1976	No Response 1976	Career Plans: General Practice 1973	General Practice 1976	No Response 1973	No Response 1976	Specialization Plans: General Practice 1973	General Practice 1976	Primary Care Specialties 1973	Primary Care Specialties 1976	Undecided/ No Response 1973	Undecided/ No Response 1976
001	Applicants	2.0	5.7	2.8	11.4	5.7	18.8	38.3	4.9	1.5	21.8	29.0	20.3	19.6	16.0	13.1
	Acceptees	2.3	7.3	9.0	6.2	10.7	11.4	27.1	7.6	8.5	20.3	21.4	18.3	17.0	19.6	23.7
002	Applicants	2.3	5.3	1.9	9.7	3.3	8.8	28.1	4.7	0.9	14.0	21.6	19.5	17.8	18.8	17.2
	Acceptees	1.0	5.0	2.0	6.0	2.5	4.5	13.9	2.7	0.5	9.3	12.4	16.0	21.9	18.7	20.9
003	Applicants	7.0	9.9	3.4	14.6	4.9	29.2	50.2	4.3	1.7	31.9	41.4	18.1	15.7	14.6	13.7
	Acceptees	11.5	14.0	1.5	12.0	2.0	27.7	47.0	2.8	1.0	36.1	43.5	16.4	13.0	17.4	17.5
004	Applicants	3.2	6.5	2.6	15.8	6.0	26.8	48.5	5.9	1.0	28.7	39.4	17.3	15.3	15.4	12.9
	Acceptees	5.2	5.2	3.7	15.6	5.9	24.6	50.4	4.9	1.5	27.4	44.5	21.8	17.0	15.5	11.1
005	Applicants	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Acceptees	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
006	Applicants	1.6	5.7	3.3	11.7	5.2	14.6	33.6	6.1	2.0	20.2	24.8	19.0	19.1	19.2	18.0
	Acceptees	3.8	7.7	2.7	14.2	4.4	3.2	27.9	3.8	2.2	14.0	18.6	22.6	18.0	23.1	28.4
007	Applicants	1.7	3.9	2.6	10.7	6.1	15.7	37.2	5.3	0.8	20.6	27.5	19.1	17.8	17.5	15.0
	Acceptees	2.0	4.7	0.8	12.9	3.5	9.8	42.7	3.1	0.0	16.4	31.0	19.6	19.5	17.6	14.5
008	Applicants	3.3	4.3	2.4	10.9	4.2	23.4	42.9	9.6	1.1	26.5	36.8	17.0	13.8	21.3	13.7
	Acceptees	3.5	3.5	2.1	6.4	3.5	14.7	35.5	4.2	0.7	20.6	32.0	17.8	15.6	20.5	15.6
009	Applicants	4.5	7.8	3.3	15.4	6.8	23.2	47.6	4.5	1.4	26.5	39.9	19.1	15.6	14.9	12.4
	Acceptees	7.5	8.5	3.0	16.1	5.5	8.1	48.7	2.7	1.0	24.3	48.2	23.7	12.5	16.9	13.1
010	Applicants	1.2	5.7	1.8	11.9	4.3	15.8	36.1	4.6	0.6	22.6	28.1	19.8	19.8	17.1	15.8
	Acceptees	2.2	3.2	2.5	10.8	3.6	8.2	34.9	7.7	1.4	19.3	25.5	20.3	19.1	23.7	23.7
011	Applicants	9.0	9.5	2.8	21.4	5.6	33.5	51.8	4.6	1.0	32.7	44.4	14.4	11.5	16.8	13.7
	Acceptees	12.3	8.5	0.8	22.3	1.5	26.4	49.2	0.8	0.0	28.7	48.4	13.2	10.7	17.8	17.7

[1] See Appendix B for detailed explanation of scaling of variables.

[2] There were 115 U.S. medical schools in 1973 and 116 in 1976 (including the University of Puerto Rico in both years). These totals reflect the fact that one of the schools which had existed as a separate school in 1973 merged with another by 1976 and 2 schools were new in 1976.

Table D-2 (continued)

School #		Location of Precollege Years: Farm 1976	Small Town 1976	No Response 1976	Practice Location Plans: Small Town 1976	No Response 1976	Career Plans: General Practice 1973	General Practice 1976	No Response 1973	No Response 1976	Specialization Plans: General Practice 1973	General Practice 1976	Primary Care Specialties 1973	Primary Care Specialties 1976	Undecided/ No Response 1973	Undecided/ No Response 1976
012	Applicants	2.6	4.7	1.1	10.5	2.1	17.7	38.1	4.7	0.5	22.0	30.2	18.0	16.7	17.2	14.9
	Acceptees	3.3	2.9	1.2	6.6	2.0	7.3	30.3	2.4	1.2	16.9	24.6	15.2	14.3	20.8	20.9
013	Applicants	1.2	4.2	1.6	10.4	3.3	13.5	35.2	4.5	0.6	18.6	26.2	20.9	19.7	18.5	16.2
	Acceptees	0.8	3.2	2.0	7.7	2.8	10.6	34.3	4.6	1.2	13.3	18.1	25.7	24.2	13.8	21.4
014	Applicants	3.0	6.5	1.6	14.0	3.9	21.3	43.7	4.4	0.5	27.2	34.4	19.0	17.4	14.4	14.7
	Acceptees	5.8	9.6	1.0	14.9	1.4	17.9	44.7	1.5	0.0	28.3	38.0	21.6	18.2	14.9	14.9
015	Applicants	1.2	5.9	3.0	11.3	6.4	17.2	35.9	4.4	1.0	21.3	26.6	21.3	20.8	15.9	14.8
	Acceptees	1.8	8.0	0.0	14.2	2.2	8.3	33.9	1.7	0.0	15.3	23.3	23.6	20.5	18.8	21.9
016	Applicants	1.3	3.4	2.2	9.6	5.4	15.2	36.1	4.0	0.7	20.5	26.8	19.9	17.5	15.5	14.1
	Acceptees	1.3	4.2	1.3	5.9	5.1	8.8	32.9	1.5	0.4	19.1	24.0	19.5	17.3	16.2	14.8
017	Applicants	1.9	4.9	2.3	12.0	5.6	21.1	41.6	4.9	0.5	24.3	32.8	18.5	17.6	16.0	13.9
	Acceptees	1.2	1.6	0.8	10.2	2.4	12.2	40.2	3.5	0.0	13.1	30.9	22.6	13.8	18.3	21.5
018	Applicants	2.2	5.4	2.4	10.7	5.5	17.6	35.6	3.7	0.7	21.7	27.8	19.1	17.4	16.3	15.7
	Acceptees	3.2	3.2	0.0	5.6	1.4	2.0	13.0	2.0	0.0	9.9	13.4	19.3	9.2	18.3	25.0
019	Applicants	2.5	5.9	2.0	12.7	5.0	19.9	43.2	4.3	0.6	24.8	34.5	20.1	17.2	15.5	15.0
	Acceptees	2.5	7.8	1.1	14.8	3.2	11.4	42.4	2.1	0.7	21.2	36.4	18.6	19.0	16.6	15.9
020	Applicants	3.8	8.8	2.2	16.9	5.6	21.5	45.5	5.0	0.8	26.5	35.3	18.0	17.7	17.0	13.7
	Acceptees	4.4	8.8	1.3	17.6	6.3	15.2	45.9	4.4	0.6	25.4	32.7	21.5	20.7	17.7	15.1
021	Applicants	1.2	5.0	2.6	9.9	4.2	12.5	31.8	5.1	1.5	15.8	22.7	21.3	19.7	17.7	17.6
	Acceptees	0.9	2.3	1.4	6.8	1.8	5.1	18.6	4.7	0.9	12.1	11.4	22.2	19.4	21.0	22.6
022	Applicants	1.5	5.1	2.2	10.3	4.2	11.7	33.4	3.3	0.9	17.2	25.0	20.7	19.2	16.7	16.3
	Acceptees	0.5	4.4	4.9	4.9	6.0	5.4	16.4	1.8	4.9	8.9	14.7	22.6	16.9	14.3	18.6
023	Applicants	3.7	6.8	2.3	14.3	5.3	24.4	46.3	3.9	0.5	29.4	37.0	18.5	17.2	14.9	13.2
	Acceptees	3.2	9.6	1.6	14.4	5.3	14.9	50.5	1.7	0.5	30.0	39.9	16.0	16.4	18.1	12.8
024	Applicants	1.6	6.2	3.4	14.1	5.6	15.0	37.6	15.0	2.0	18.9	28.6	17.4	17.3	25.4	16.5
	Acceptees	1.4	9.2	7.0	12.0	9.2	7.3	32.3	16.3	6.3	18.7	27.4	19.5	12.6	33.3	19.7
025	Applicants	2.2	5.2	1.3	11.1	2.6	12.8	32.8	4.3	0.4	18.0	25.6	19.1	17.3	17.6	16.2
	Acceptees	1.3	7.6	1.3	8.0	0.4	5.9	28.2	4.6	0.0	10.1	18.5	19.2	20.2	21.5	21.0

Table D-2 (continued)

School #		Location of Precollege Years: Farm 1976	Small Town 1976	No Response 1976	Practice Location Plans: Small Town 1976	No Response 1976	Career Plans: General Practice 1973	General Practice 1976	No Response 1973	No Response 1976	Specialization Plans: General Practice 1973	General Practice 1976	Primary Care Specialties 1973	Primary Care Specialties 1976	Undecided/ No Response 1973	Undecided/ No Response 1976
026	Applicants	1.0	4.4	2.5	9.7	5.5	14.1	32.4	3.6	0.9	17.9	23.4	20.2	19.3	16.1	16.5
	Acceptees	0.4	3.4	1.3	5.6	1.7	3.7	23.5	0.0	0.4	8.8	15.9	20.8	20.3	18.2	20.9
027	Applicants	2.3	5.5	1.3	11.6	3.6	17.7	39.3	6.8	0.4	22.5	30.4	18.5	18.3	20.4	15.0
	Acceptees	4.5	3.5	0.0	7.0	1.0	10.8	23.0	0.5	0.0	13.8	21.0	22.0	16.5	16.2	22.0
028	Applicants	1.7	5.7	1.9	11.3	4.5	16.2	38.7	3.7	0.5	21.7	29.7	20.0	18.2	17.0	14.9
	Acceptees	1.0	6.4	1.4	11.9	2.4	7.9	34.8	3..	0.0	20.0	28.4	22.6	17.0	18.9	18.1
029	Applicants	1.7	5.5	1.9	11.8	4.4	15.5	39.1	4.2	0.4	21.1	30.4	20.0	18.3	18.1	15.1
	Acceptees	1.3	5.9	1.6	11.6	4.4	6.9	35.7	2.1	0.3	18.2	26.6	18.7	20.2	24.0	17.1
030	Applicants	3.9	8.4	2.2	14,2	5.2	25.1	41.7	13.8	0.8	25.0	33.0	17.2	19.2	25.8	12.3
	Acceptees	4.4	10.6	0.4	11.0	1.3	18.0	38.3	2.6	0.4	21.5	32.6	16.6	14.1	20.6	14.5
031	Applicants	1.7	7.7	2.1	13.5	5.2	18.5	42.6	4.9	0.6	23.8	34.7	19.8	18.2	18.6	13.1
	Acceptees	2.3	8.8	2.0	16.1	1.8	14.2	45.0	3.5	1.0	20.9	42.4	21.5	15.5	23.8	15.8
032	Applicants	2.8	7.4	3.1	13.2	6.2	23.9	42.7	5.8	1.2	23.6	31.9	24.3	22.6	13.9	10.1
	Acceptees	2.6	6.4	0.7	4.5	3.0	17.6	35.2	9.2	0.4	15.5	23.5	29.3	22.9	14.6	10.9
033	Applicants	2.7	4.9	2.7	13.4	5.7	23.3	40.8	4.8	1.0	27.4	32.7	19.0	17.7	17.2	14.9
	Acceptees	4.4	6.2	1.0	13.9	2.0	17.1	36.7	1.9	0.0	24.6	30.1	19.4	13.8	21.1	18.7
034	Applicants	4.8	8.4	2.7	11.6	5.7	24.3	42.3	5.3	1.2	27.8	34.1	16.9	17.9	17.3	14.8
	Acceptees	6.5	9.7	0.9	8.2	0.9	16.0	38.8	2.0	0.0	26.2	32.7	17.4	15.9	19.4	16.2
035	Applicants	1.4	3.6	2.9	10.1	6.8	19.3	40.0	4.5	0.9	22.7	29.8	20.2	17.3	14.2	13.0
	Acceptees	1.1	4.5	1.7	9.0	2.8	10.9	38.4	0.5	0.6	20.4	31.6	19.5	16.9	17.4	10.2
036	Applicants	1.7	8.2	1.8	13.1	4.8	17.9	42.1	4.5	0.5	23.6	33.7	20.6	17.4	17.8	13.5
	Acceptees	1.7	9.1	0.8	13.2	1.1	12.1	37.5	4.2	0.0	21.3	30.8	21.0	14.9	22.7	19.8
037	Applicants	1.4	5.9	1.2	8.7	2.9	9.0	29.2	3.5	0.6	14.3	21.2	19.3	17.8	19.1	17.4
	Acceptees	0.0	5.0	0.8	5.5	1.3	2.9	15.1	11.2	0.8	8.7	9.7	12.8	19.7	30.2	26.1
038	Applicants	5.1	6.5	2.2	14.1	4.2	22.3	52.1	7.0	1.2	27.6	41.9	16.7	16.5	19.2	14.5
	Acceptees	10.4	6.3	0.9	15.8	2.3	12.4	57.0	2.6	0.9	27.8	46.6	12.3	12.2	20.6	16.7
039	Applicants	6.3	9.9	2.7	18.9	6.1	25.7	50.1	5.3	1.0	29.6	42.6	18.0	14.4	15.7	12.1
	Acceptees	8.3	12.5	2.4	15.5	6.0	23.1	42.3	5.1	0.0	30.1	39.3	16.1	14.9	20.5	10.1

Table D-2 (continued)

School #		Location of Precollege Years: Farm 1976	Small Town 1976	No Response 1976	Practice Location Plans: Small Town 1976	No Response 1976	Career Plans: General Practice 1973	1976	No Response 1973	1976	Specialization Plans: General Practice 1973	1976	Primary Care Specialties 1973	1976	Undecided/ No Response 1973	1976
040	Applicants	1.0	5.6	2.9	10.4	6.1	15.8	34.7	4.5	1.0	19.3	25.4	21.1	21.2	16.3	15.1
	Acceptees	0.0	2.8	1.8	7.4	2.8	8.0	26.1	1.8	0.0	14.5	18.0	22.2	19.9	20.1	20.1
041	Applicants	3.8	8.0	2.4	11.2	5.1	22.4	36.9	3.3	0.9	24.5	33.0	18.8	16.7	13.5	11.1
	Acceptees	2.6	9.4	2.1	8.9	4.3	13.6	33.6	0.5	1.3	18.3	31.5	16.2	16.5	18.8	14.0
042	Applicants	4.8	8.3	2.4	17.7	5.5	24.3	47.2	3.9	1.0	29.8	39.8	16.7	15.5	15.6	11.6
	Acceptees	6.6	11.6	1.5	19.7	2.5	15.9	23.7	2.2	1.0	28.6	36.8	16.5	13.0	19.2	17.2
043	Applicants	2.1	5.0	1.8	12.6	4.5	21.4	42.4	4.1	0.5	26.1	33.7	19.2	17.4	16.1	14.8
	Acceptees	2.2	2.9	1.1	12.5	1.8	11.4	33.7	2.3	0.4	22.0	28.5	20.1	12.5	19.4	21.6
044	Applicants	0.9	4.2	9.9	8.7	15.4	17.0	33.6	14.0	1.7	19.8	26.0	18.5	18.7	24.0	14.5
	Acceptees	0.9	4.5	1.8	3.6	5.0	11.5	28.1	4.7	0.9	17.3	24.0	14.7	16.3	23.0	18.1
045	Applicants	3.2	5.0	1.7	13.2	5.1	20.7	43.3	4.2	0.4	27.5	34.2	18.7	16.9	15.3	14.4
	Acceptees	5.5	4.3	0.0	13.8	1.6	14.1	40.3	4.1	0.0	28.5	33.2	16.7	12.2	20.0	16.6
046	Applicants	1.5	7.4	2.9	12.3	6.3	16.9	40.5	3.7	0.7	22.6	33.3	19.4	17.7	15.9	12.8
	Acceptees	2.5	7.9	0.8	8.3	2.9	9.0	35.4	0.9	0.0	17.2	35.0	17.6	17.9	20.3	16.2
047	Applicants	3.1	6.7	2.4	16.9	5.2	25.6	45.9	8.0	0.7	28.0	35.6	18.1	17.1	16.9	11.5
	Acceptees	6.1	12.8	2.2	21.2	5.6	19.8	35.8	13.6	1.7	19.2	30.7	15.2	14.5	27.1	12.8
048	Applicants	3.4	7.0	4.3	13.4	6.7	25.2	43.2	9.6	2.7	23.8	32.1	21.6	22.8	17.5	10.2
	Acceptees	3.5	7.8	3.0	10.8	4.3	17.6	37.7	5.5	2.6	19.2	32.4	28.9	22.0	11.8	11.7
049	Applicants	2.6	5.8	3.0	12.5	5.9	19.5	40.4	4.5	1.8	23.6	32.1	18.2	16.9	16.5	15.8
	Acceptees	2.2	3.4	14.2	7.7	15.1	9.3	29.0	1.6	13.6	20.8	23.2	18.1	17.6	15.4	29.3
050	Applicants	5.1	9.3	2.4	15.7	6.2	25.8	48.5	4.4	1.0	36.9	41.6	14.9	15.0	15.6	12.9
	Acceptees	8.3	9.8	1.5	15.7	4.6	13.6	49.2	3.5	0.6	35.6	45.5	14.5	9.5	18.6	16.0
051	Applicants	8.3	13.1	2.1	17.8	5.7	27.2	47.4	4.1	0.7	26.4	36.7	17.8	18.0	15.5	11.3
	Acceptees	9.8	14.6	0.0	17.7	3.7	19.9	48.8	0.0	0.0	22.0	37.2	14.9	13.4	16.3	18.3
052	Applicants	3.9	7.1	2.7	17.4	7.2	26.1	48.8	5.1	1.0	29.4	40.6	18.1	17.0	15.7	13.5
	Acceptees	5.2	7.1	0.6	14.8	2.6	23.1	42.6	1.4	0.0	28.7	38.8	16.8	16.7	16.1	20.0
053	Applicants	8.0	11.3	2.7	14.8	5.8	29.7	49.2	4.3	0.8	32.5	39.1	18.7	17.6	15.3	12.7
	Acceptees	12.1	16.2	1.2	16.8	3.5	29.5	45.1	2.4	0.0	34.9	36.9	19.2	16.7	19.9	16.8

Table D-2 (continued)

School #		Location of Precollege Years: Farm 1976	Small Town 1976	No Response 1976	Practice Location Plans: Small Town 1976	No Response 1976	Career Plans: General Practice 1973	1976	No Response 1973	1976	Specialization Plans: General Practice 1973	1976	Primary Care Specialties 1973	1976	Undecided/ No Response 1973	1976
054	Applicants	3.9	7.1	3.9	17.9	8.4	27.2	48.1	6.4	1.1	27.2	37.4	18.1	17.1	16.6	11.7
	Acceptees	4.0	3.0	5.0	16.0	12.0	24.7	44.0	7.1	1.0	24.7	39.0	21.2	14.0	18.8	10.0
055	Applicants	1.0	4.7	1.7	10.2	4.4	15.5	34.8	5.6	0.6	19.5	25.9	19.8	20.2	18.5	16.1
	Acceptees	0.8	5.1	0.3	9.0	2.6	8.3	29.5	3.0	0.3	13.4	21.0	22.3	19.5	18.2	16.2
056	Applicants	1.0	4.3	2.2	9.5	4.7	12.8	33.1	4.0	0.9	16.8	23.9	20.5	20.4	18.0	16.5
	Acceptees	0.6	2.3	1.2	4.9	1.2	5.9	18.3	1.5	0.9	8.7	12.2	21.3	22.9	18.7	22.9
057	Applicants	4.7	9.5	3.1	15.9	6.5	20.4	43.8	4.2	1.3	25.2	36.0	19.3	17.9	16.3	12.9
	Acceptees	6.5	11.2	1.4	17.8	4.2	12.2	41.6	4.5	0.9	24.3	38.7	19.2	19.7	17.9	14.0
058	Applicants	17.4	19.9	3.1	18.0	7.5	33.6	56.5	6.8	0.[illegible]	37.0	51.6	15.8	16.2	19.6	8.7
	Acceptees	18.3	21.1	1.4	19.7	5.6	32.9	53.5	2.5	0.0	40.5	47.9	11.4	16.9	20.3	9.9
059	Applicants	2.5	5.3	1.8	11.4	4.6	18.7	38.1	4.6	0.6	23.3	29.8	19.3	17.1	16.7	15.8
	Acceptees	2.0	3.0	0.3	8.0	1.7	8.5	30.3	7.8	0.3	16.7	22.6	16.2	16.4	24.4	20.9
060	Applicants	3.6	7.9	3.0	14.5	7.0	21.2	48.6	4.9	1.3	27.6	39.3	18.3	17.0	16.3	14.4
	Acceptees	5.6	8.1	2.5	16.2	1.9	16.0	46.2	3.3	0.3	28.1	36.2	18.0	16.9	21.6	20.0
061	Applicants	4.8	6.2	2.4	14.7	6.1	25.8	46.1	7.7	0.9	30.2	39.8	17.7	15.7	18.3	13.3
	Acceptees	5.2	3.1	1.0	8.8	3.1	22.1	44.6	8.0	0.0	27.6	39.9	15.4	14.6	19.6	15.5
062	Applicants	5.2	9.0	1.8	16.5	6.5	25.2	48.2	4.5	0.8	31.3	37.3	15.7	14.7	15.5	13.3
	Acceptees	6.9	10.0	0.8	14.6	6.9	17.3	47.7	0.0	0.0	28.4	36.9	12.5	12.4	17.3	16.2
063	Applicants	1.9	6.9	1.7	11.3	3.5	12.5	34.8	3.5	0.5	18.5	27.0	20.7	18.8	18.8	15.7
	Acceptees	1.7	4.7	0.7	7.4	2.3	3.8	19.7	1.5	0.7	8.8	15.8	22.7	18.7	20.0	24.1
064	Applicants	3.3	4.4	2.5	11.1	4.3	24.4	43.8	8.9	1.2	27.3	37.3	16.9	13.9	21.2	14.0
	Acceptees	4.7	3.5	0.6	7.6	2.4	12.6	42.9	4.3	0.6	14.9	33.5	19.8	15.9	24.5	16.5
065	Applicants	0.9	6.3	2.3	12.8	3.4	20.9	24.6	9.4	1.1	13.7	14.7	27.6	26.2	16.2	7.7
	Acceptees	0.7	3.9	0.0	10.5	1.3	15.9	18.4	3.8	0.0	9.9	15.1	24.2	25.1	13.6	7.2
066	Applicants	2.3	8.7	1.8	14.0	4.5	18.0	44.0	4.1	0.4	23.9	36.0	19.3	17.9	17.4	13.6
	Acceptees	1.6	11.5	0.4	11.9	1.2	7.7	34.1	1.9	0.4	20.1	33.4	22.8	14.6	19.7	17.1
067	Applicants	3.0	5.5	2.0	12.9	4.9	21.6	44.0	3.8	0.7	26.1	34.8	19.1	16.9	15.7	15.0
	Acceptees	3.0	5.1	0.8	8.9	0.5	9.0	40.4	2.5	0.5	22.6	29.7	17.3	16.0	18.5	21.8

Table D-2 (continued)

School #		Location of Precollege Years			Practice Location Plans		Career Plans				Specialization Plans					
		Farm	Small Town	No Response	Small Town	No Response	General Practice		No Response		General Practice		Primary Care Specialties		Undecided/ No Response	
		1976	1976	1976	1976	1976	1973	1976	1973	1976	1973	1976	1973	1976	1973	1976
068	Applicants	6.1	10.4	2.2	15.3	5.5	30.2	48.4	5.9	0.5	30.8	40.0	17.6	14.9	15.5	12.2
	Acceptees	5.4	7.6	2.7	12.4	4.9	25.7	44.9	8.9	0.5	27.8	42.2	12.5	11.9	24.6	16.8
069	Applicants	8.1	11.1	3.6	21.8	6.3	40.5	56.4	5.2	0.9	43.9	46.7	10.3	15.3	19.8	10.9
	Acceptees	15.8	14.5	1.3	28.9	3.9	37.0	61.8	1.4	0.0	43.8	63.2	13.7	7.8	13.7	3.9
070	Applicants	1.5	3.5	2.4	9.2	6.0	16.1	37.0	3.7	0.6	21.3	28.3	20.1	17.6	15.5	14.1
	Acceptees	1.3	3.5	0.6	8.0	2.2	3.3	31.4	2.8	0.0	18.4	28.8	18.8	15.6	16.4	15.4
071	Applicants	3.1	4.4	2.2	10.4	3.8	23.5	42.5	8.9	1.0	25.8	35.9	16.8	15.1	22.1	14.3
	Acceptees	2.6	4.1	0.4	4.9	0.7	7.7	31.5	6.9	0.0	11.1	27.0	16.1	15.0	28.7	19.9
072	Applicants	2.0	5.2	2.0	10.2	4.1	12.1	32.1	2.8	0.8	17.1	24.5	19.0	15.5	17.2	16.8
	Acceptees	1.4	2.8	1.4	7.6	2.8	5.6	24.1	1.0	1.4	14.4	20.7	16.5	20.0	14.9	22.1
073	Applicants	1.0	6.4	3.9	10.8	6.7	18.1	36.7	8.5	1.4	20.5	25.8	21.6	21.4	18.0	13.6
	Acceptees	0.7	5.5	1.1	8.1	1.1	10.3	31.1	3.6	0.0	23.7	21.2	16.6	19.7	14.2	17.2
074	Applicants	1.3	5.9	3.0	11.5	6.1	15.9	34.9	4.6	1.1	20.3	26.0	20.8	21.0	16.3	15.2
	Acceptees	2.6	9.3	0.7	14.1	1.1	9.2	36.3	1.4	0.4	25.1	26.6	19.3	23.3	18.8	18.1
075	Applicants	1.9	8.2	2.4	13.2	5.8	19.0	43.4	4.6	0.8	24.2	34.9	19.7	18.1	17.0	12.6
	Acceptees	2.2	13.0	1.5	12.3	6.3	14.9	46.8	4.0	0.4	23.1	41.2	23.4	16.7	15.8	12.6
076	Applicants	7.2	6.4	4.5	14.8	7.8	21.6	50.1	17.3	2.5	23.7	41.6	15.7	15.4	27.2	12.6
	Acceptees	4.4	4.8	0.9	14.1	4.4	19.7	46.7	18.9	0.4	23.5	40.5	18.5	15.4	30.7	13.2
077	Applicants	3.3	4.6	2.5	11.1	4.1	23.2	43.9	9.5	1.2	26.0	37.4	17.1	13.3	21.5	14.3
	Acceptees	2.3	1.9	1.5	8.8	2.3	11.7	39.7	2.6	0.8	16.8	34.7	18.7	13.0	19.8	15.6
078	Applicants	1.8	5.5	1.8	11.8	4.0	12.5	37.6	3.8	0.5	17.9	28.4	20.5	18.2	18.6	15.8
	Acceptees	1.1	7.3	0.4	14.7	2.6	7.3	33.7	1.9	0.0	15.8	25.3	20.3	21.2	17.4	15.4
079	Applicants	2.9	5.4	1.9	11.5	5.0	19.5	40.6	3.7	0.5	24.3	32.7	18.8	17.1	15.4	13.4
	Acceptees	2.2	5.1	1.1	8.4	1.5	10.2	31.8	2.5	0.0	18.7	26.6	19.1	18.2	13.6	13.9
080	Applicants	3.7	7.9	2.1	17.7	5.9	27.1	48.3	4.9	0.7	30.1	38.3	17.2	18.2	13.5	11.3
	Acceptees	3.9	7.1	1.6	13.4	10.2	16.2	41.7	3.8	0.8	26.1	33.8	14.6	17.4	13.1	11.8
081	Applicants	2.8	5.4	1.8	12.9	4.2	19.9	40.2	4.4	0.5	24.7	31.7	18.6	17.0	15.4	14.8
	Acceptees	-	5.6	0.6	7.9	0.6	3.7	24.3	1.8	0.6	14.2	16.4	16.1	17.5	17.9	21.5

Table D-2 (continued)

School #		Location of Precollege Years: Farm 1976	Small Town 1976	No Response 1976	Practice Location Plans: Small Town 1976	No Response 1976	Career Plans: General Practice 1973	General Practice 1976	No Response 1973	No Response 1976	Specialization Plans: General Practice 1973	General Practice 1976	Primary Care Specialties 1973	Primary Care Specialties 1976	Undecided/ No Response 1973	Undecided/ No Response 1976
082	Applicants	2.2	7.3	2.7	17.7	5.7	18.0	43.2	3.8	0.8	24.7	33.6	19.5	18.4	14.0	14.4
	Acceptees	2.6	7.8	3.5	27.8	7.8	14.4	46.1	1.0	0.0	31.7	38.3	18.2	17.4	13.5	16.5
083	Applicants	1.0	6.3	3.4	10.4	6.8	16.7	35.7	8.0	1.3	20.1	25.7	19.1	21.5	18.7	14.1
	Acceptees	0.9	6.0	0.5	6.0	1.8	9.1	28.1	7.6	0.0	16.8	18.0	16.3	22.1	22.8	17.1
084	Applicants	2.6	6.8	2.4	13.9	4.9	18.2	41.2	3.5	0.7	23.9	33.3	19.0	17.4	17.3	15.0
	Acceptees	6.1	6.7	1.1	15.6	2.8	8.6	38.3	1.9	0.0	14.8	30.0	20.4	12.8	22.4	18.9
085	Applicants	3.1	7.6	3.0	15.3	5.7	19.3	43.9	4.3	0.7	25.6	36.4	19.1	17.8	16.1	12.0
	Acceptees	7.5	11.0	2.2	20.2	3.5	13.1	46.1	1.8	0.4	24.5	40.3	23.5	17.1	18.1	13.2
086	Applicants	4.1	8.3	3.2	14.7	6.6	20.1	44.2	5.2	1.3	25.3	35.0	18.2	17.2	15.0	12.9
	Acceptees	7.0	9.0	1.0	22.1	1.5	12.1	50.3	4.7	0.0	33.5	45.7	17.4	14.5	16.1	16.1
087	Applicants	3.1	5.1	1.6	11.5	3.9	15.3	37.0	3.5	0.6	21.9	29.6	19.3	17.2	16.8	16.2
	Acceptees	2.5	2.5	0.4	4.6	2.1	5.3	20.6	4.1	0.0	16.9	17.5	19.6	17.8	21.1	21.0
088	Applicants	2.5	6.0	2.4	13.3	6.2	23.3	45.1	5.4	0.7	25.7	36.4	18.6	17.1	14.9	12.5
	Acceptees	2.5	4.9	0.5	9.3	1.6	12.0	41.1	3.4	0.0	21.6	36.7	22.8	17.3	18.6	17.8
089	Applicants	2.3	5.8	2.0	12.4	4.3	16.9	41.4	4.1	0.6	22.7	32.7	18.8	17.4	17.0	14.3
	Acceptees	2.4	2.9	2.4	11.2	2.9	12.2	34.1	8.3	0.5	22.7	25.3	23.7	22.4	16.6	13.7
090	Applicants	4.4	16.3	2.7	23.5	7.4	23.6	53.7	14.1	1.0	32.1	47.0	13.8	15.2	25.9	12.1
	Acceptees	2.1	23.4	1.1	20.2	5.3	10.8	56.4	0.0	0.0	32.3	53.2	16.6	11.7	16.7	14.9
091	Applicants	4.3	6.2	2.7	14.3	6.1	18.8	42.6	4.7	0.8	23.9	32.7	17.5	16.9	16.6	14.5
	Acceptees	8.8	6.4	0.0	24.0	3.9	16.4	48.0	2.7	0.0	27.5	39.2	16.8	14.7	17.7	17.2
092	Applicants	2.2	8.2	2.6	15.0	5.8	20.6	43.5	4.5	0.9	24.8	35.6	20.9	19.0	16.4	13.4
	Acceptees	1.5	9.0	1.5	13.8	1.5	14.5	32.1	4.2	0.4	20.6	25.7	18.8	22.0	20.6	20.1
093	Applicants	1.7	7.1	3.9	12.7	7.5	18.0	37.2	4.7	1.6	22.7	29.5	21.6	20.3	13.2	12.9
	Acceptees	3.5	4.2	1.4	10.5	0.7	9.9	28.0	2.7	0.7	20.7	28.0	17.1	16.8	15.3	23.1
094	Applicants	1.3	4.8	4.2	9.2	6.1	-	26.0	-	3.1	-	19.5	-	17.3	-	19.5
	Acceptees	0.5	4.3	0.5	4.9	3.8	3.3	20.0	1.1	0.0	6.1	13.0	17.1	20.5	17.7	20.0
095	Applicants	1.4	6.3	3.6	11.8	7.0	13.5	33.4	10.5	2.3	12.8	24.4	20.3	17.1	24.1	16.3
	Acceptees	1.1	4.5	1.1	11.2	3.4	14.3	31.5	0.0	1.1	14.3	25.8	19.1	16.8	22.2	16.9

Table D-2 (continued)

School #		Location of Precollege Years: Farm 1976	Small Town 1976	No Response 1976	Practice Location Plans: Small Town 1976	No Response 1976	Career Plans: General Practice 1973	1976	No Response 1973	1976	Specialization Plans: General Practice 1973	1976	Primary Care Specialties 1973	1976	Undecided/ No Response 1973	1976
096	Applicants	2.8	9.1	3.2	16.2	7.6	28.3	44.7	5.1	0.8	30.8	32.0	17.9	17.6	15.2	12.1
	Acceptees	3.8	4.7	3.8	15.1	6.6	24.4	46.2	2.3	0.9	34.9	32.1	16.3	16.0	17.4	16.0
097	Applicants	1.4	3.4	2.6	10.3	6.0	17.7	35.9	4.9	0.9	20.6	26.9	19.9	16.6	16.1	14.9
	Acceptees	1.6	1.1	2.2	11.8	4.3	7.1	33.9	0.8	0.0	15.1	23.7	21.4	15.0	14.3	21.5
098	Applicants	1.7	6.9	3.7	16.0	7.0	15.7	41.9	9.8	1.4	20.5	30.1	19.8	20.5	18.8	12.8
	Acceptees	1.2	6.1	1.2	20.6	3.6	11.2	46.1	3.7	0.0	23.7	32.7	21.1	18.2	18.7	16.4
099	Applicants	2.0	6.4	3.9	15.6	7.5	23.2	42.7	6.0	1.6	23.4	31.3	20.5	18.4	14.8	12.7
	Acceptees	1.3	6.7	0.0	16.0	2.7	15.4	53.3	9.9	1.3	30.8	34.6	19.8	25.4	19.8	20.0
100	Applicants	2.4	9.9	1.6	16.0	3.3	20.1	45.8	5.5	0.7	27.1	38.8	17.6	15.5	19.5	14.2
	Acceptees	2.1	11.1	1.6	14.8	0.5	9.7	39.7	2.8	0.5	34.0	32.3	20.8	17.5	14.6	18.0
101	Applicants	1.1	4.2	2.2	9.2	4.3	14.3	31.4	3.7	0.9	17.3	23.2	20.9	21.0	16.2	16.9
	Acceptees	2.1	2.9	0.8	4.1	2.1	4.8	25.5	0.6	0.4	10.2	17.2	25.2	20.1	16.2	23.9
102	Applicants	1.6	4.3	3.1	11.3	6.7	18.5	41.0	5.9	1.0	23.5	30.6	19.6	17.8	16.4	13.1
	Acceptees	2.4	4.0	1.2	10.4	4.0	14.6	42.8	1.6	0.0	27.6	36.8	15.1	21.2	15.7	11.2
103	Applicants	3.8	7.4	2.8	14.1	7.2	24.0	51.2	5.3	1.1	30.2	42.9	16.2	15.3	16.1	14.0
	Acceptees	5.7	7.4	1.7	13.5	4.3	19.0	55.2	1.5	0.9	28.5	45.7	16.8	17.3	16.8	17.0
104	Applicants	4.6	8.5	1.6	12.5	4.4	20.7	39.6	6.2	0.8	24.7	34.8	15.0	16.5	18.0	11.5
	Acceptees	7.8	11.7	0.8	10.9	1.6	9.4	29.7	3.8	0.8	17.0	32.9	11.3	17.9	17.0	14.1
105	Applicants	1.1	5.2	2.7	11.5	5.2	17.7	34.6	5.4	1.3	21.2	24.1	19.9	20.3	16.7	16.3
	Acceptees	0.9	4.7	1.9	14.0	3.7	18.1	37.4	3.6	1.9	16.9	25.2	27.6	21.4	12.0	15.0
106	Applicants	1.2	4.8	2.3	11.1	5.3	22.5	37.8	8.3	1.0	24.1	30.3	17.2	18.2	20.1	14.4
	Acceptees	0.7	8.7	0.7	9.4	2.7	16.4	36.9	1.6	0.7	26.3	26.9	16.[illegible]	17.4	14.8	19.5
107	Applicants	3.0	7.7	3.3	18.6	8.3	24.3	50.8	4.7	0.6	26.7	39.5	18.1	16.7	14.2	8.6
	Acceptees	1.7	5.0	3.3	25.0	1.7	26.8	46.7	10.7	0.0	19.6	43.3	23.2	10.1	25.0	11.7
108	Applicants	4.6	6.9	1.6	16.7	4.3	29.0	48.2	4.8	0.6	31.9	38.2	17.8	16.0	16.1	13.8
	Acceptees	13.0	12.2	0.9	21.7	2.6	25.3	67.0	5.5	0.0	39.6	48.6	17.6	11.3	17.6	13.0
109	Applicants	2.2	5.2	2.3	12.9	5.4	23.2	42.3	5.2	0.6	26.5	33.6	19.2	17.1	15.4	14.0
	Acceptees	1.8	4.7	2.9	11.8	5.3	10.9	45.3	4.2	0.6	16.8	40.0	30.2	14.7	18.5	15.3

Table D-2 (continued)

School #		Location of Precollege Years: Farm 1976	Small Town 1976	No Response 1976	Practice Location Plans: Small Town 1976	No Response 1976	Career Plans: General Practice 1973	1976	No Response 1973	1976	Specialization Plans: General Practice 1973	1976	Primary Care Specialties 1973	1976	Undecided/ No Response 1973	1976
110	Applicants	-	-	-	-	-	31.3	-	7.1	-	33.2	-	20.1	-	15.2	-
	Acceptees	-	-	-	-	-	20.0	-	5.0	-	50.0	-	17.5	-	12.5	-
111	Applicants	4.4	5.4	1.8	12.9	3.6	30.0	47.6	4.4	0.7	32.3	40.6	16.2	14.1	14.0	11.4
	Acceptees	8.8	3.3	2.2	8.8	3.3	22.2	59.3	1.6	1.1	30.1	55.0	20.5	8.8	11.1	7.7
112	Applicants	6.7	11.0	2.4	22.3	7.0	32.8	58.2	5.3	0.8	48.5	51.8	12.0	10.3	15.2	12.0
	Acceptees	25.0	13.5	3.8	36.5	0.0	29.3	78.8	2.4	0.0	70.7	71.2	2.4	1.9	22.0	11.5
113	Applicants	4.7	8.6	3.4	16.2	7.0	29.1	51.0	5.3	1.0	32.0	43.4	16.3	14.5	14.6	11.6
	Acceptees	9.2	8.3	0.0	14.2	4.2	18.0	53.3	3.0	0.0	32.0	45.8	17.0	11.6	17.0	13.3
114	Applicants	5.2	7.4	2.4	14.4	5.9	23.2	44.3	4.2	0.9	31.9	38.2	15.9	13.0	15.7	13.3
	Acceptees	9.9	3.7	0.0	12.3	0.0	12.9	57.0	4.3	0.0	27.2	38.2	11.4	9.8	27.1	16.0
115	Applicants	3.8	8.5	3.4	18.0	7.4	26.5	49.6	5.6	1.1	29.2	41.4	17.4	15.7	15.4	11.3
	Acceptees	8.0	4.0	0.0	21.0	4.0	21.1	45.0	0.0	0.0	23.7	34.0	21.1	21.0	15.8	14.0
116	Applicants	3.6	7.3	3.4	16.2	7.8	-	51.5	-	0.9	-	42.7	-	15.9	-	12.9
	Acceptees	10.1	8.7	5.8	18.8	5.8	-	53.6	-	1.4	-	52.1	-	11.6	-	8.7
117	Applicants	2.5	6.7	11.2	13.8	19.2	-	49.7	-	5.0	-	41.1	-	14.9	-	14.1
	Acceptees	0.0	4.8	2.4	2.4	11.9	-	42.9	-	0.0	-	31.0	-	14.4	-	19.0